

ACADEMIC INTERNSHIP EMERGENCY CONTACT INFORMATION

ACADEMIC INTERNSHIP PARTICIPANT'S INFORMATION									
Last Name		First		M.I.					
Street Address					Apartment/Unit #				
City			State		ZIP				
Home Phone	()		Cell Phone	()					
If under 18, Your Parent's/Guardian's Name									
Academic Internship Dates		From:		To:					
COMPANY / ORGANIZATION'S INFORMATION									
Organization Name									
Contact Person				Contact Phone	()				
EMERGENCY CONTACTS									
<i>Please list two emergency contacts.</i>									
Primary Emergency Contact's Name				Relationship					
Home Phone	()		Cell Phone	()					
Street Address					Apartment/Unit #				
City			State		ZIP				
Secondary Emergency Contact's Name				Relationship					
Home Phone	()		Cell Phone	()					
Street Address					Apartment/Unit #				
City			State		ZIP				
COMMENTS									
(Include any allergies or special health considerations—or special contact information)									
SIGNATURE									
Participant's Signature				Date					