Community Classroom Intern Program

Emergency Information

Name: _____ Grade: _____

Address: _____
Street City Zip

Phone: _____ Gender: Male Female Date of Birth: _____

Father's Name: _____ Phone: _____

Employer: _____ Work Phone: _____

Mother's Name: _____ Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Health Information

Family Doctor: _____ Office Phone: _____

Address: _____
Street City Zip

Please list any prescription medications you are currently taking:

_____

_____

Please include any other medical information that we should be aware of: _____

_____

_____

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