

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Alternate phone # (optional): \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Is there any other pertinent information that **you want us to be aware of** such as allergies, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of a medical emergency, I give my permission to have the necessary treatment administered at the discretion of my supervisor.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date