

INTERN EMERGENCY CONTACT FORM

This form is to be filled out by the Student; a copy will be kept by the Site, and the Neuroscience Institute Internship Coordinator and Director of Undergraduate Studies.

Name _____

Department _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

I have voluntarily provided the above contact information and authorize _____, the NI and any of its representatives to contact any of the above on my behalf in the event of an emergency.

Intern Signature _____

Date _____

