Salem High School Work Based Learning

Emergency Contact Information for Internship Site

Student Name: __________________________________________________________

First                   Middle Initial                   Last

Primary Emergency Contact Name: ____________________________________________
Relationship: ______________________________________

Phone
Home: ______________________
Cell: ______________________
Work: ______________________

Secondary Emergency Contact Name: ________________________________________
Relationship: ______________________________________

Phone
Home: ______________________
Cell: ______________________
Work: ______________________

Allergies you’d like site to know about: ________________________________

Medical conditions you’d like site to know about: _________________________

Any additional information you’d like to share in case of emergency:
_______________________________________________________________________

Approval to share above info with internship site:
By signing below, I am acknowledging that I wish to share the above information with the Work Based Learning program at Salem High School and the student’s internship site. This information will solely be used for the safety of the student when on site. I am voluntarily providing this information and understand that it is not a requirement for internship approval.

_______________________________________________                                        ____________
Student Signature                                        Date

_______________________________________________                                        ____________
Parent Signature                                        Date