



**Agua Fria Union High School District  
Internship Program  
2023-2024**

**MEDICAL/EMERGENCY CONTACT**

<b>Student Name/Student ID #</b>	<b>Gender</b>	<b>Grade</b>	<b>DOB</b>
<b>Home Address</b>	<b>Mailing Address</b>		
<b>Parent/Guardian Name</b>	<b>Phone Number</b>		
<b>Email Address</b>	<b>Home Address (if different)</b>		

**IN CASE OF EMERGENCY:** Names of persons who can assume temporary responsibility

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>	<b>Work Number</b>
<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>	<b>Work Number</b>
<b>Physician Name</b>		<b>Phone Number</b>	<b>Other</b>

\_\_\_\_\_, I, the undersigned parent/guardian, give my consent for the internship mentor to receive this contact information.

\_\_\_\_\_, I, the undersigned parent/guardian, give my consent for the internship mentor to release my child to be taken by ambulance to the nearest hospital in case of emergency.

\_\_\_\_\_ I understand that Agua Fria Union High School District nor my child's internship mentor provide accident medical/dental coverage for students for injuries/illnesses occurring at school or at the internship site.

\_\_\_\_\_ I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

**Signature Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_