



## WORK-BASED LEARNING

### EMERGENCY NOTIFICATION FORM

Student Intern Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Internship Period: \_\_\_\_\_ Worksite: \_\_\_\_\_

#### In case of emergency, contact:

Parent/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### If above named person is unavailable, please contact:

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

Relationship to student: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Canyons School District does not discriminate on the basis of race, color, religion, sex, age, national origin, or disability.