



TEACHER CERTIFICATION AND STUDENT SERVICES OFFICE
Emergency Contact and Medical Information for a Clinical Experience Student

M ___ F ___

Student's Name

School Location

Sex

Residency ___ I or ___ II / ___ Student Teaching

Department/Major of Study

Home Phone

Work Phone

Mobile Phone

Alternative Phone

Address

Email Address (Preferred)

City, ST ZIP Code

Student ID Number

Social Security #

Alternative Emergency Contacts

1st Choice: Primary Emergency Contact Name

2nd Choice: Secondary Emergency Contact Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Relationship

Relationship

Medical Information

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Hospital Preference

I have **voluntarily** provided the above contact information and authorize the Office of Teacher Education and Student Services Office at Tennessee State University and its representatives to contact any of the above on my behalf in the event of an emergency. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Signature

Date

I choose **not** to furnish any emergency contact information to the Office of Teacher Certification and Student Services at Tennessee State University at this time.

Signature

Date

Teacher Certification Official Signature

Date

For Office Use Only: Received By: _____ date: _____
TESS Office

Modified 1/20/2015