

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

			M F	
Student's Name		School Location	Sex	
ResidencyI orII	/ Student Teaching	Department/Major of Stud	dy	
Home Phone	Work Phone	Mobile Phone	Alternative Phone	
Address		Email Address (Preferred		
City, ST ZIP Code		Student ID Number	Social Security #	
	Alternative	Emergency Contacts		
1 st Choice: Primary Emergency Contact Name		2 nd 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		
	Medi	cal Information		
Physician's Name		Phone Number		
Insurance Company		Policy Number		
Allergies/Special Health Consid	derations	Hospital Pr	Hospital Preference	
Office at Tennessee emergency. I author procedures as may b	State University and its representize all medical and surgical treatment performed or prescribed by the	ntatives to contact any of the above ment, X-ray, laboratory, anesthesi e attending physician and/or parar	feacher Education and Student Services e on my behalf in the event of an a, and other medical and/or hospital medics for myself and waive my right to /guardian can be reached in the case of	
Signature		Date		
I choose not to furnis Tennessee State Un		nation to the Office of Teacher Cer	tification and Student Services at	
Signature		Date		
Teacher Certification Official S	Signature	Date		
For Office Use Only: Receive	ed By: date:		Modified 1/20/2015	

TESS Office