



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

Student's Name, School Location, Sex, Residency, 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, Address, City, ST, ZIP Code, 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.

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