



Innovations High School Emergency contact form

**Personal information**

Scholar name: _____ Cell: _____

Date of birth: _____ Advisor: _____

In case of emergency please notify:

Name: _____ Relationship: _____

Phone number: _____ Alternate phone number: _____

Medical information

Please list any medications that would need to be administered in case of an emergency:

Please list any allergies below:	Does scholar carry an EpiPen?	Yes	No
----------------------------------	-------------------------------	-----	----

Please list any other needs or medical issues important to know about in case of an emergency:

**In case of emergency please call 911 and notify
Innovations High School at 775-333-5150**

Parent/guardian consentI consent to this page being given to: *(Please select one option)*

Name of organization: _____

All current and future
organizations for 2019-20 year

Parent/guardian signature: _____

Date: _____

Please submit completed form to LTI Coordinator and bring a copy to Internship/Shadow Day organization