

MEDICAL AUTHORIZATION AND INSURANCE INFORMATION FOR STUDENT-INTERN

Your child wishes to participate in the off-campus Internship Program. Such participation will require training from and on the premises of a participating community mentor. As a participant, your child will receive no wages for training time and may not be protected by the Workmen's Compensation laws of the State of Illinois for any injury or illness incurred as a result of his/her onsite training. Because of this exposure, it is recommended that all participants in the off-campus Internship Program be adequately covered by hospital/medical insurance. As a condition of participation, your child must have medical insurance coverage.

PERMISSION TO OBTAIN MEDICAL SERVICES

Should it be necessary for my son/daughter to have medical treatment while participating in this program, I hereby give the school corporation and/or the Internship Site personnel permission to use their best judgment in obtaining medical services for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

Yes No

PERMISSION TO RELEASE INFORMATION

Permission is granted to release emergency contact/medical history to the attending physician or to the Internship Site personnel, if needed.

Yes No

HEALTH INSURANCE INFORMATION

Health Insurance Company: _____

Name of Policy Holder: _____

Identification Number: _____

Account Number: _____

Emergency Contact #1: _____

Contact #1 Phone: _____

Emergency Contact #2: _____

Contact #2 Phone: _____

Family Doctor's Name: _____

Doctor's Phone: _____

SPECIAL ACCOMMODATIONS

Does your child require any special accommodations due to medical limitations, disabilities, or other restrictions?

Yes No

If yes, please explain.

VERIFICATION

I hereby agree to waive and release any and all rights that I, my child, or our representatives, may have to make claim against the school corporation and the Internship Site of my son/daughter, or their respective officers, employees, or representative arising from injury or damages, including attorney fees that may result from my child's participation in the Internship Program.

I further agree to indemnify and hold harmless the school corporation and the Internship Site of my child, or their respective officers, employees, or representative from any claims, including attorney fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child's participation in the internship Program.

Parent/Guardian Signature: _____

Date: _____