

Emergency Information

Contra Costa County Office of Education ROP Student Intern

Intern's Name _____

ROP Instructor's Name _____ Phone ____/____

Parent/Guardian Name _____ Phone ____/____

Address _____ City _____ Zip _____

Who should we contact in case of emergency? _____

Relationship _____ Phone No. ____/____

Permission to call: If my son/daughter needs emergency medical attention and I cannot be reached, I give ROP and attending site supervisor the authority to call:

Check "Yes" or "No" for either 1 or 2, or both 1 and 2

1. Yes No Our family doctor: _____

Doctor's Phone: ____/____

2. Yes No ROP designated emergency clinic/hospital

Please list any special medical instruction (e.g. allergies, seizures, limited physical activity or other pertinent information).

If there is a change in the information given above, I will notify the ROP instructor immediately.

Parent/Guardian Signature

Date

Copies to be retained by: Business Supervisor and ROP Instructor