



Emergency Medical Form For Pre-Clinical and Clinical Placements

Clinical and Pre-Clinical Candidates should complete this form and give it to their cooperating teacher at the beginning of each placement.

Semester _____ Today's Date _____

Teacher Candidate _____

Current Address _____

City _____ State _____ Zip _____

Cell Phone _____ Other Phone _____

Email Address Checked Daily _____

Person to Contact in Case of Emergency _____

Day Phone _____ Evening Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital _____

Health Insurance Company _____

Policy or I.D. Number _____

Describe any medical conditions (allergies, current medications, physical conditions) or religious beliefs regarding medical treatment that could affect an emergency situation.
