



## Minor Guest and/or Volunteer Emergency Information VOLUNTEER / STUDENT / HOUSEHOLD INFORMATION

Minor Guest / Volunteer: \_\_\_\_\_

**Last** **First** **Gender** **Birthdate**

Parent Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

### EMERGENCY CONTACTS

In case of emergency, contact person(s) if unable to reach parents:

	<u>NAME</u>	<u>PHONE</u>	<u>ALTERNATE PHONE</u>	<u>RELATION</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

### MEDICAL INFORMATION

ALLERGIES: \_\_\_\_\_

HEALTH CONDITIONS: \_\_\_\_\_

CURRENT MEDICATIONS\*\*: \_\_\_\_\_

COMMENTS/SPECIAL INSTRUCTIONS: \_\_\_\_\_

\*\*Any prescription medications must be formally turned in with paperwork to the Health & Safety Coordinator. TIS will not be responsible for delivering medications unknown to TIS. Parents may obtain formal authorization forms in the Health & Safety office. The phone number is 503-226-2496 x199. Please contact TIS if prescription medications are to be given on campus. TIS will not administer prescription medications without prior written authorization.

Signature Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

