

Intern Emergency Contact Information Sheet

Student Information:

Student's Name: _____ School: _____

Student's Phone: _____ Student's Email: _____

Parent's Name: _____ Parent's Phone: _____

Parent's Email: _____ Other Contact: _____

Phone: _____

Student Internship Schedule:

Monday: _____:_____AM/PM to _____:_____AM/PM

Tuesday: _____:_____AM/PM to _____:_____AM/PM

Wednesday: _____:_____AM/PM to _____:_____AM/PM

Thursday: _____:_____AM/PM to _____:_____AM/PM

Friday: _____:_____AM/PM to _____:_____AM/PM

Saturday: _____:_____AM/PM to _____:_____AM/PM

School Contact:

Email: **Your school-site coordinator**

Please fill out this form, save a copy for your records, and provide a copy to your business mentor and school's internship coordinator. If any information changes, please be sure to provide your mentor and coordinator with updated information.