



## STUDENT INFORMATION SHEET

### PLEASE PRINT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
High School: \_\_\_\_\_ Grade: \_\_\_\_\_ Contact: \_\_\_\_\_

Please check one: ☐ Individual Under 18 years of age ☐ Individual 18 years of age and over

#### Optional

Race: ☐ Caucasian ☐ African American ☐ Native American ☐ Hispanic  
☐ Asian ☐ Other

Gender: ☐ Female ☐ Male

### EMERGENCY NOTIFICATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### DEPARTMENT INFORMATION:

Indicate the department you will be shadowing in, the expected dates of the shadowing and contact level.

☐ Observation Only

\_\_\_\_\_  
Department

☐ Patient Contact

\_\_\_\_\_  
Dates of Shadowing

**I hereby certify that all of the information I have given on this Information Sheet is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date