

Nandua High School

26350 Lankford Hwy
Onley, VA 23418

Guidance Office

Telephone (757)787-4514
FAX (757)787-2194

Internship Medical Authorization Form

In order for your son or daughter to participate in the internship experience, this form must be completed and returned to his or her teacher by_____.

Should it be necessary for my son or daughter to have medical treatment while participating in the internship program, I hereby give the school district and workplace personnel permission to use their best judgment in obtaining medical service for my son/daughter, and I give permission to the physician selected by the school district personnel to render whatever medical treatment he or she deems necessary and appropriate. Permission also is granted to release necessary emergency contact information and medical history to the attending physician or to the workplace, if needed.

Student's Full Name

Date of Birth

Address

City

State

Zip Code

Home Phone

Parent Daytime Phone

Cell Phone

Emergency Contact

Relation To Student

Phone

Family Doctor

Phone

Preferred Hospital

Phone

Does your son/daughter require any special accommodations because of medical limitations, disability, or other restrictions? Yes or No. If so, please explain._____

I hereby agree to all of the above authorizations and permissions.

Parent or Guardian Signature