

**Vanderbilt University**  
**Non-Vanderbilt Interns and Observers**  
**Emergency Contact, Medical Information, and General Release**

Intern/Observer/Participant Information			
First Name	Last Name	Date of Birth	Sex
Parent's/Guardian's Name (if under 18 years of age)		Parent's/Guardian's Name (if under 18 years of age)	
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone
Address		Address	
City, ST ZIP Code		City, ST, ZIP Code	
Emergency Contacts			
Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone
Medical Information for Participants			
<b>ANYONE REQUIRING IMMEDIATE MEDICAL ATTENTION WILL BE TAKEN TO VANDERBILT UNIVERSITY MEDICAL CENTER OR THE MOST APPROPRIATE ALTERNATE MEDICAL FACILITY.</b>			
Primary Care Physician's Name		Phone Number	
Insurance Company		Policy Number	
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment.			
Signature			Date
<b>If Participant is a minor:</b> In the event I cannot be reached in the case of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment.			
Please list any medical conditions your minor student has in detail <b>including any medications</b> . Does your student take any medication during school hours? Does your child have any dietary restrictions (including food allergies)?			
Parent's/Guardian's Signature (if Under 18)			Date
PRINT _____ SIGN _____			
General Release, Participation Agreement and Liability Waiver			
I understand that my participation as a Non-Vanderbilt Intern/Observer is voluntary and I may be exposed to some level of risk in this activity. I assume full responsibility for that risk. I agree to release and hold harmless Vanderbilt University (VU) and individuals from liability in case of accident during activities related to this internship or observer experience, as long as normal safety procedures have been taken. If needed, personal protective equipment will be provided. If I am signing for my minor child, I give permission for my child to go on field trips. I grant permission for photos/images of me to be used by VU in any VU publications and any other way the University deems necessary and appropriate to promote its activities and mission.			
Signature			Date
Parent's/Guardian's Printed Name and Signature (if under 18)			Date
PRINT _____ SIGN _____			
<b>Vanderbilt Protection of Minors Provision:</b> Vanderbilt University personnel adhere to Tennessee state law on mandatory child abuse reporting. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, please consult the appropriate Dean's Office or Risk Management (615-936-5935), or report via the Vanderbilt hotline at 844-814-5935. The Tennessee Child Abuse reporting hotline number is 877-237-0004.			

Reviewed and updated July 2017.

*All forms must be returned to the appropriate dean's office before the experience in the laboratory or studio begins.*