



EMPLOYER AND STUDENT INFORMATION COOPERATIVE EDUCATION

EMPLOYER INFORMATION

Work Site _____
Work Site Address _____
Student's Supervisor _____
Supervisor's E-mail Address _____
Supervisor's Work Phone Number _____ Cell Phone Number _____

STUDENT INFORMATION

Name _____
Address _____
Grade _____ Date of Birth _____ Age _____
Career Center Program _____ High School _____
Instructor _____
List any medical information (allergies, medications, etc.) in case of an emergency

In a medical emergency, contact _____ Phone _____
Family Doctor _____ Phone _____

**I consent for my child to receive emergency medical treatment in case of injury or illness.
The information provided is accurate to the best of my knowledge.**

Parent/Guardian's Signature _____ Date _____
Student's Signature _____ Date _____