

MENTEE MEDICAL FORM

Applicant Information	
Name: _____	Grade: _____ SSN: _____ DOB: _____
Home Address: _____	
Home Phone: _____	Cell Phone: _____
<i>Please indicate any health conditions that require treatments, procedure, medications or health monitoring during the day:</i>	

Primary Doctor: _____	Phone: _____

Parent / Guardian Information	Emergency Contacts
Mother/Guardian: _____	<i>Please list two contacts who will be called ONLY in case of emergency and parent/guardian can't be reached.</i>
Cell Phone _____	
Work Phone: _____	
Other: _____	Name: _____
Father/Guardian: _____	Relationship: _____
Work Phone: _____	Phone: _____
Cell Phone: _____	Name: _____
Other: _____	Relationship: _____
e-mail address(es): _____	Phone: _____

I authorize The Mentoring and Leadership Development Institute (“TMALDI”) to contact the persons named on this form and authorize the named physician to render to my child whatever emergency treatment deemed necessary. If the physician, other persons named above, or parent cannot be reached, TMALDI may take whatever action they deem necessary for the health of my child. I will not hold TMALDI financially responsible for the emergency care and/or transportation of my child. I will keep TMALDI informed of any changes on this form.

Signature of Parent/Guardian

Date