Armstrong State University College of Education  
Teacher Candidate Emergency Form

Personal Information

Name: ________________________________

Address: ____________________________________________________________

Home telephone: ____________________________  Cell: ________________________

Email address: _________________________________________________________

Armstrong State University Mentor/Cooperating Teacher:

__________________________________________________________

Schedule: (Circle one)

- Full time Internship II (follows schedule of Cooperating Teacher)
- Part-time (please list approximate days and times of attendance)

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<th>Days</th>
<th>Times</th>
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### Emergency Contacts & Medical Information

**Emergency Contact #1:**
- **Name:** ____________________________
- **Phone:** ____________________________
- **Relationship to teacher candidate:** ____________________________

**Emergency Contact #2:**
- **Name:** ____________________________
- **Phone:** ____________________________
- **Relationship to teacher candidate:** ____________________________

**Primary Physician:** ____________________________
- **Phone:** ____________________________

**Hospital preference:** ____________________________