



## Emergency Contact

**Name:** \_\_\_\_\_

**Relationship to Scholar:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parental Consent for those Scholars Under the age of 18:**

I \_\_\_\_\_ parent/ guardian of \_\_\_\_\_ understand that the Cleveland Clinic Florida Summer Scholar program takes place in a real hospital and clinical setting. I understand the possibility of exposure to possible, death.

2950 Cleveland Clinic Boulevard  
Weston, Florida 33331