



## 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 real cases and terminal diagnosis, including but not limited to death.

2950 Cleveland Clinic Boulevard  
Weston, Florida 33331