



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