LOCKER FORM

STUDENT: __________________________________________________________

I am using school locker # _________ and have put my own lock on it. I understand that the school is not responsible for providing a lock, or for the theft or damage of items in the locker.

I understand that for security and safety reasons, I must provide the school with the combination to my lock or a duplicate key. In case of emergency or probable cause, the school has my permission to enter my locker.

Lock Combination (if applicable):

If lock has a key, tape an extra key here:

__________________________________________________________________

Student Signature ___________________________ Date ___________________
STUDENT CONTACT INFORMATION

STUDENT NAME: _________________________________________________________

ADDRESS:  __________________________________________________________________

__________________________________________________________________________

PHONE:  ___________________________________________________________________

E-MAIL ADDRESS:  _________________________________________________________

PLEASE ANSWER THE FOLLOWING QUESTIONS:
1. Do you have phlebotomy experience?  ___Yes  ___No
2. If yes, indicate the areas below in which you performed patient phlebotomy independently:
   a. Adult venipunctures  ____  c. fingersticks  ____
   b. Pediatric venipunctures  ____  d. heelsticks  ____

EMERGENCY CONTACT:

NAME:  _________________________________________________________________

RELATIONSHIP TO STUDENT: _____________________________________________

ADDRESS:  __________________________________________________________________

__________________________________________________________________________

PHONE:  _________________________________________________________________

If any of the above information changes, contact the Center immediately.