





# HIGH SCHOOL INTERNSHIP/SHADOWING REQUEST

Twin Cities Orthopedics  
Eden Prairie

### CONFIDENTIALITY STATEMENT

During this observation time I understand patient's individual health information which is disclosed is confidential. I may become aware of this information via written, oral or electronic data. Minnesota Sports Medicine/ Twin Cities Orthopedics expects that any discussion, access, storage, interpretation, release or handling of this confidential information will be treated with care and caution.

### EMERGENCY CONTACT INFORMATION

Information of individual to contact in the event of an emergency:

Name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

By signing below- I understand this is an agreement set forth for the date range shown on the front page and I also understand the Confidentiality Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
*Shadowing/Interning Student's Signature*

If student is a minor (under the age of 18), parent signature needed:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
*Parent/Guardian's Signature*

**Return completed form to:**  
Minnesota Sports Medicine-Eden Prairie  
Attn: Becky Stone  
775 Prairie Center Drive #250  
Eden Prairie, MN 55344  
Phone: (952) 995-8765  
Fax: (952) 944-0460