

**Lewiston – Auburn College:  
Collaborative Learning  
And School Success  
(CLASS)  
Professional Development School**

**THIS FORM MUST BE UPDATED EACH YEAR AND CONTINUOUSLY  
THEREAFTER TO REFLECT ANY ONGOING CHANGES AS NECESSARY.**

CLASS Student Name: \_\_\_\_\_

Cohort Number: \_\_\_\_\_

Cohort Leader: \_\_\_\_\_

**Contact Information in Case of an Emergency while at the Partner Schools**

In case of an emergency who should we try and contact:

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Pertinent allergies/medical conditions: \_\_\_\_\_

\_\_\_\_\_