



SEARCH

Student Energy in Action for Regina Community Health

CLASS PERMISSION FORM

This form is intended for students who have been given permission from their College to participate in the Student Energy in Action for Regina Community Health Inc. (SEARCH). All students must register through the College of Medicine (at the Regina General Hospital) and must have a copy of this signed form to the SEARCH Executive Director in order to be registered.

STUDENT INFORMATION (please print)

Last Name _____ First Name _____

Address _____ City/Town _____

Student Number _____ College _____

Student Signature _____

I recommend _____ for participation in the Student Energy in Action for Regina Community Health (SEARCH). This student is currently enrolled in their ____ year of training and should be assigned their duties accordingly and in keeping with the scope of practice for that College or Department.

Signature of College Representative

Date

College of Medicine Registry
University of Saskatchewan

Date Registered