

Participant Emergency Information and Medical Waiver Form

GDPT Chánh Tâm - V.E.C.A

Participant's Full Name:	Birth date: / /	Social Security Number: - -
Address:		
Insurance Carrier:	Policy Number:	Date:
Doctor:	Phone Number:	

Father's/Legal Guardian's Name:	Mother's/Legal Guardian's Name:
Home Phone: ()	Home Phone: ()
Work Phone: ()	Work Phone: ()
Mobile Phone: ()	Mobile Phone: ()

SPECIAL HEALTH CONSIDERATIONS AND/OR RESTRICTIONS (ie allergic reactions, asthma, glasses, hearing, etc.):

If we are unable to contact you in an emergency situation, please list below the persons (18 years or older) you authorize to pick up/care for your child, local if possible.

Name	Relationship	Address	Phone

PLEASE LIST SIBLINGS REGISTERED IN GDPT CHÁNH TÂM:

1.	4.
2.	5.
3.	6.

I hereby authorize members of the faculty or staff of the GDPT Chanh Tam (V.E.C.A) to consent on my behalf to the administration of medical treatment including, but not limited to, surgery and the administration of drugs prescribed by a physician for my child. I understand I will be responsible for fees, if any

Parent/Guardian Signature

Date