

DORJE DENMA LING

REGISTRATION and HEALTH RECORD FORM

Name: _____ Birth date: _____

MSI #: _____ Expiry date: _____

Parent or Guardian: _____

Address: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____ Phone (cell): _____

Emergency Contact: _____ Phone (day/night): _____

Family Physician: _____ Phone: _____

Medical Information:

Does your child have a medical condition?: _____

Medications: _____

Allergies: _____

Dietary restrictions: _____

Other medical information you would like us to know: _____

Authorization for treatment:

In the event I cannot be reached in an emergency, I hereby give permission to the staff of Dorje Denma Ling to secure medical personnel for the purpose of administering treatment, including hospitalization, for the person named above.

Liability Release Waiver:

I, the undersigned, hereby agree to hold harmless Dorje Denma Ling, Shambhala International, and the Dorje Kasung Society, its officers, employees, and volunteer staff, from and against any and all claims, liability, loss, cost or obligation, which may arise from my child participating in this program at Rigden Dzong Program Centre.

Parent or Guardian Signature

Date