



VRAJDHAM MEDICAL FORM 2018-2019

ITEMS	INFORMATION
Name/First Middle & Last	
Date of Birth	
Father's Name	
Mother's Name	
Mailing Address:(Street, City, State, Zip)	
E Mail:	
Mother/Father No. Home/Cell Phone No.	
Medical History & List of Currently medication	
Any Allergy	
Emergency Contact No. (Guardian)	

Important: I, the parent of guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Vrajdhham School. I understand that the teachers will make every best effort to take care of my child (ren) but Vrajdhham will not be held responsible for any accidental injury or illness caused at the temple premises. I hereby release Vrajdhham School organizers and teachers from any claims of liability. I also hereby grant permission to Vrajdhham School, to take and use photographs, videos and digital images of my child (ren), myself or any member of family, for use in news releases, educational materials, printed publications or materials, electronic publications, newsletters and websites.

Signed by : Parent/Guardian

Name: _____

Date: _____