



Drikung Dharma Surya Center
Annual Medical Information Form
For a Child Attending Garchen Children Practice

PLEASE PRINT

Child's Full Name _____ Age _____

Does your child suffer from allergies? If yes, please specify below



Any other individual physical/medical diagnosis, needs or concerns we should know about? Please describe

I grant permission to my child's teacher/assistant teacher/ substitute to be informed of medical needs relevant to my child's safety or participation in Garchen Children Practice program.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____