



**Please complete all information, sign and return by September 30, 2015**

to the Dharma School Parent Orientation, or mail to:

Mountain View Buddhist Temple Dharma School 575 N Shoreline Blvd Mountain View, CA 94043

**This form will be retained by the class teacher and the DS Registrar.**

<b>Student Name:</b>		<b>Grade:</b>	<b>Family Email:</b>	
<b>Address:</b>		<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Home Phone:</b>	<b>Other Phone:</b>		<b>Birth Date:</b>	

<b>Permission for Trips</b>		<u>Initial</u> <u>Below</u>
My son/daughter/dependent has permission to travel to, attend and participate in MVBT Dharma School sponsored activities.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Permission to Use Photographs</b>		
I, hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my son/daughter/dependent may be used by Mountain View Buddhist Temple in MVBT or BCA publications and for Public Relations and Publicity purposes. I understand that my son/daughter/dependent's last name and residence will not be used for publicity purposes.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Permission for Emergency Medical Treatment and Health History</b>		
In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Mountain View Buddhist Temple to seek treatment for my child and/or dependent minor or myself by a licensed physician pursuant to Section-6910 of the Civil Code of California. I know of no reason(s), other than the information indicated on this form, why my son/daughter/dependent or I should not participate in prescribed activities except as noted.		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we send you MVBT Dharma School information via email?		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we put your contact information in the MVBT Dharma School Directory?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an MVBT Temple Member? <b>Note:</b> Temple membership is not required to attend Dharma School. If you would like to become a member please contact the temple office at (650) 964-9426.		<input type="checkbox"/> Yes <input type="checkbox"/> No

**If permission is not given in writing, provide the reason and a signed statement providing release of liability with alternate instructions and attach to this form.**

**Medical Considerations:** (list medications, allergies, tetanus shot, other considerations. write "none" if there are none)

**Special Accommodations:** My son/daughter/dependent requires the following special accommodations (write "none" if there are none)

**Emergency Contact:**

Name Phone Number Relationship to Child

**Parent/Guardian Agreement**

I have read and understand the Parent Permissions on this form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the MVBT Dharma School Superintendent.

<b>Parent/Guardian Name (Print):</b>	<b>Relationship:</b>
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

<b>Student Name:</b>		<b>Date of Birth:</b>	<b>Age:</b>
<b>Address:</b>		<b>Home Phone:</b>	
<b>Mother's Name (parent/guardian):</b>		<b>Father's Name (parent/guardian):</b>	
<b>Address:</b>		<b>Address: (if different)</b>	
<b>Home Phone:</b>		<b>Home Phone: (if different)</b>	
<b>Work Phone:</b>		<b>Work Phone:</b>	
<b>Cell Phone:</b>		<b>Cell Phone:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>Medical Information</b>			
<b>Medical Insurance Carrier</b>		<b>Medical Policy #:</b>	
<b>Doctor's Name:</b>		<b>Phone:</b>	
<b>Dental Insurance Carrier:</b>		<b>Dental Policy #:</b>	
<b>Dentist's Name:</b>		<b>Phone:</b>	
Are Immunizations Current (TB, measles, mumps, etc)? Circle:		<b>YES</b>	<b>NO</b> (If No, please explain)
List/describe any complicating problems in last health exam:			
Is student currently under the care of a physician? (Please explain)			
Is student taking prescribed or over-the-counter medication? (Please explain)			
Does student have any restrictions concerning physical activities? (Please explain)			
Does reaction to allergies/health conditions require use of EpiPen? EpiPen with Parent/Guardian. (Please explain)			
<b>Explanation of Relevant Allergies/Health Conditions:</b> (For example, food, animals, asthma, nose bleeds, seizures, etc) <i>If more space is needed, please feel free to attach additional paper.</i>			

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to the Dharma School Registrar (**Janice Lee**) or any Dharma School Cabinet member or mail to:  
Mountain View Buddhist Temple Dharma School 575 N. Shoreline Boulevard, Mountain View, CA 94043