

**VSA SUMMER SCHOOL 2008  
STUDENT MEDICAL FORM**

<b>Last name</b>	<b>First name:</b>	
<b>Age:</b>	<b>Date of Birth:</b> /     / (dd/mm/yyyy)	<b>Sex:</b>
My child suffers from the following medical conditions (e.g. severe allergies, asthma or the like.):		
My child takes the following medication:		
<b>Emergency Contact Person 1 (Compulsory)</b>		
<b>Telephone Number:</b>	<b>Relationship with Student</b>	
<b>Emergency Contact Person 2 (Compulsory)</b>		
<b>Telephone Number</b>	<b>Relationship with Student</b>	

**Emergency Medical Treatment Authorisation:**

If a parent or guardian cannot be contacted, I/we hereby authorize the VSA Summer School and/or its representative to take my child to the nearest hospital when emergency care is needed, and do not hold the school and/or its representative responsible for any costs/expenses resulting from treatment.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_