

VMFA M.LiT Information Sheet

Please bring this form with you to Orientation.

Student:

Name _____
Age _____ DOB _____ Grade _____
Home Address _____

Primary Contact: Parent/Guardian

Name _____
Relationship to student _____
Home# _____ Work# _____ Cell# _____

Secondary Contact: Parent/Guardian

Name _____
Relationship to student _____
Home# _____ Work# _____ Cell# _____

Medical Information:

Please list any known allergies. _____

Please list any information you consider important for ensuring your child's medical safety. _____

Person(s) authorized to pick-up student (other than a parent or guardian):

Name _____
Relationship to student _____

Check all boxes that apply to the following statements:

Student has my permission to walk to and from the M.LiT training sessions.

Student has my permission to take public transportation.

Student is a licensed driver and has my permission to drive.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

If the student is not picked-up within 15 minutes of the class completion time, VMFA staff will attempt to contact the parents/guardians and emergency contacts. If VMFA staff cannot reach emergency contacts within 30 minutes after the class's completion time, the proper authorities will be notified.

I, as the parent or guardian, certify that the information I provided above is accurate. I give consent for my child to participate in all scheduled M.LiT activities. I have reviewed *VMFA M.LiT Program Rules and Expectations* with my child.

Signature _____ Date _____