WINTER BREAK WUSHU & CHINESE CULTURAL CAMP

REGISTRATION FORM

Monday, Dec. 28, 2009

9:00 a.m.-3:00 p.m.

_____

Student's Last Name Student's First Name

_____

School Grade

_____

Address City, State, Zip Home Phone

_____

Parent's name/email address and cell phone

_____

Emergency Contact (name and number)

Do you give OES permission to authorize emergency care if the School is unable to reach the person named above?

□ yes □ no

As a parent or legal guardian of _____, a minor born on _____, I hereby authorize Oregon Episcopal School at my expense to call an ambulance, take my child to a physician of the School's choice, and to consent to any X-ray examination, anesthetic, diagnosis, medical or surgical treatment deemed necessary, if I or a person listed above cannot be reached by telephone. This permission is in effect for the duration of my child's enrollment at Oregon Episcopal School.

_____

Physician Physician's Phone Hospital Preference

_____

Health Insurance Co. Phone ID# Group#

_____

Allergies or any other concerns including behavioral information that would be helpful to know.

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Please return this form to the following address and enclose check for payment. OES families will be billed.

OES
Attention: Joan Lowe
6300 S.W. Nicol Rd.
Portland, OR 97223