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|  | | | | | | | | | | |
| Participant’s Name | | |  | Date of Birth | | | | | Sex  M | F |
| Father’s Name | | |  | Mother’s Name | | | | |  | |
|  | | |  |  | | | | | | |
| Home Phone | | |  |  | | | | | | |
|  |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  |  |  |  |  | | |  |  | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
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|  | | |  |  | | | | | | |
| Alternative Emergency Contacts | | | | | | | | | | |
| Emergency Contact | | | | | | | | | | |
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| Home Phone | | |  |  | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Address |  |  |  |  | | |  |  | | |
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| City, States, ZIP Code | | |  |  | | | | | | |
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| Medical Information | | | | | | | | | | |
|  | | | | | | | | | | |
| Insurance Company | | | | |  | Policy Number | | | | |
|  | | | | |  |  | | | | |
| Please list Allergies or Special Health Considerations if any: | | | | |  |  | | | | |
|  | | | | | | | | | | |
| Blood Type | | | | | | | | | | |

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| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. | | |
| Parent’s/Guardian’s Signature |  | Date |
|  |  |  |
|  | | |
| I give permission for my child to participate in this activity. I release **Universiti Putra Malaysia** and **PutraBioXplore** **Organizers** from liability in case of accident during activities related to **PutraBioXplore**, as long as normal safety procedures have been taken. | | |
| Parent’s/Guardian’s Signature |  | Date |
| Witness Signature |  | Date |
|  |  |  |
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