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|  |
| Participant’s Name |  | Date of Birth | SexM | 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 |
|  |  |  |
|  |  |  |
| Alternative Emergency Contacts |
| Emergency Contact |
|  |  |  |
| Home Phone  |  |  |
|  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |
|  |  |  |
| City, States, ZIP Code |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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 |
|  |  |  |
|  |  |  |