

Application for Anapana Meditation Course

or save and email to
childrens-courses@mi.us.dhamma.org

Children's 1-Day/2-Day (for ages 8-12 or 8-15 years)

Date _____

Teens' 1-Day/2-Day (for ages 13-15 or 13-17years)

Location _____

Student Information

First Name _____

Last Name _____

Grade _____

Age _____

Birth Date _____

Gender

M

F

Do you speak

Yes

No

English well?

Parent/Guardian Information

Name _____

Email _____

Cell Phone _____

Home Phone _____

Street Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Other Information (the rest of this form must be completed by the student attending the course)

Have you ever been to a Children's or Teens' Anapana Meditation Course with Mr. S. N. Goenka or any of his Children's Course Teachers before?

Yes

No

If yes, how many? _____

When & where was your last course? _____

Have you learned any other types of meditation?

Yes

No

Do you ever meditate at home?

Yes

No

Do you want to come to this course?

Yes

No

Have you read the Sample Schedule?

Yes

No

Have you read the Code of Conduct?

Yes

No

How did you hear about this course? _____

Why are you coming to this course? _____

Please write a little bit about yourself and what you like to do: _____

Do you agree to follow the Code of Conduct while you are at the meditation course?

Yes

No

Your Signature _____

Today's Date _____

Parent/Guardian Permission for Children's / Teen's Course

Date: _____ Location: _____
Parent/Guardian Name: _____
Relationship to Child: _____

Parents, guardians, or other adults who have completed a ten-day Vipassana course as taught by S.N. Goenka may volunteer to serve during the course. They must submit a Children's Course server's application, safety and background check forms which are available on the website.

Have you completed a ten-day Vipassana as taught by S.N Goenka? Yes No

Will you or another adult remain at the center for the duration of the course? Yes No

Name of adult accompanying child _____ Relationship to child _____

What are your child's strengths? _____

What are your child's challenges? _____

Does your child have any special learning needs or physical or mental health needs or behavior challenges? Yes No

Please explain _____

I have read the Parent/Guardian Information Sheet, Code of Conduct and Sample Timetable.

I give permission for my child, _____, to attend this course.

Parent/Guardian signature _____ Date: _____

Release for Use of Photographic Images

Please choose **one** of the options below and click on the checkbox:

I hereby authorize the Vipassana Meditation Center and each of its sister non-profit organizations that teach Vipassana meditation as taught by S. N Goenka to use photographic images of (name of student) _____ taken at the Children's or Teen's Meditation course for purposes of disseminating information about Vipassana meditation and/or Anapana meditation for children.

I understand that the images will not be used for commercial purposes, nor will they be sold or transferred to any other entity other than those mentioned above. I understand that these images may be used on flyers, brochures, displays, web pages and other informational media.

----- OR -----

I prefer not to have any pictures of my child used on any flyers, brochures, displays, web pages, or other informational media.

Parent/Guardian signature _____ Date: _____

Medical Emergency Form – Page 1

CENTER STAFF :

THIS IS A 2 PAGE FORM

**KEEP THIS FORM WITH YOU WHEN YOU GO TO THE DOCTOR OR HOSPITAL
NOTIFY THE PARENTS OR GUARDIANS IMMEDIATELY**

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to the

Michigan Vipassana Association

(center name)

to provide all emergency medical treatments prescribed by a duly licensed physician (MD).
This care may be given under whatever conditions are necessary to preserve the life, limb or
well-being of my dependent.

Signed:

Date:

Print Name Clearly:

Home Phone:

Cell Phone:

Work Phone:

Child's Information

Name

Gender

(Male or Female)

Date of Birth

Child's Physician:

Physician's Phone

Child's Medical

Number:

Other Persons Who May Be Called In An Emergency:

Name	Phone Numbers	Relationship to you
	Cell: Other:	
	Cell: Other:	
	Cell: Other:	

Medical Emergency Form – Page 2

ALLERGIES AND SENSITIVITIES

Does the child have a history of reactions or sicknesses following injection, oral administration or other exposure to of any of the following?

Circle Yes or No to each question.	Yes	No	If you checked yes, describe the reaction
A. Penicillin or other antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	
B. Morphine, Codeine, Demerol or other narcotics	<input type="checkbox"/>	<input type="checkbox"/>	
C. Novacaine or other anesthetics	<input type="checkbox"/>	<input type="checkbox"/>	
D. Aspirin, Empiricin or other pain remedies	<input type="checkbox"/>	<input type="checkbox"/>	
E. Sulfa drugs	<input type="checkbox"/>	<input type="checkbox"/>	
F. Tetanus antitoxin or other serums	<input type="checkbox"/>	<input type="checkbox"/>	
G. Adhesive tape	<input type="checkbox"/>	<input type="checkbox"/>	
H. Latex	<input type="checkbox"/>	<input type="checkbox"/>	
I. Iodine or Merthiolate	<input type="checkbox"/>	<input type="checkbox"/>	
J. Any other drug or medication	<input type="checkbox"/>	<input type="checkbox"/>	
K. Any foods, such as: milk, nuts, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

DRUGS TAKEN RECENTLY: Within the past six months my child has taken:

OTHER INFORMATION YOU WISH TO PROVIDE:
