Woodland Veterinary Hospital
445 Matmor Road
Woodland, CA 95776

VSI - Veterinary Science Investigation

Information and Permission Form

Veterinary Science Investigation - Student Name

Last

First

Middle

Date of Birth:

Sex (✓): ☐ M ☐ F

FOR OFFICE USE ONLY
Logged:_____ Phone Number Verified:_____

FOR OFFICE USE ONLY: Class Handouts 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
Class Schedule ☐
Safety Checklist ☐
Safety Class Completed on _____, 2003 ☐

PARENT	ADDRESS	TELEPHONE
Last		Home (____)
First		Work (____)
Middle		Cell/ /Pager (____)
PARENT	ADDRESS	TELEPHONE
Last		Home (____)
First		Work (____)
Middle		Cell/ Pager (____)
LEGAL GUARDIAN	ADDRESS	TELEPHONE
Last		Home (____)
First		Work (____)
Middle		Cell/ Pager (____)

LIST 2 PERSONS WE SHOULD CALL IN AN EMERGENCY IF THE PARENT(S)/GUARDIAN CANNOT BE REACHED.

Name of Person	Relationship	Telephone
1.		1. (_____)
2.		2. (_____)

THE FOLLOWING PERSONS ARE AUTHORIZED TO PICKUP MY CHILD:

(All authorized persons must be prepared to show a valid California DL or ID when picking up a child left in our care.)

1. _____

2. _____

PHYSICIAN INFORMATION

My child's medical care is provided by _____ Telephone (_____)_____
(Name of doctor/clinic/HMO, etc.)

My child's medical care is covered by _____ Telephone (_____)_____
(Health insurance company, assistance program, HMO, etc.)

HEALTH INFORMATION

Check (✓) any current health condition that may require attention during the 6 week course:

- ☐ allergies (be specific)
  - ☐ foods_____
  - ☐ medicines_____
  - ☐ bee sting/insect_____
  - ☐ other _____
- ☐ asthma
- ☐ cancer
- ☐ diabetes
- ☐ hearing problems ☐ hearing aid(s)
- ☐ heart problems (be specific) _____
  _____
- ☐ hemophilia
- ☐ physical disability (be specific)
  _____
- ☐ respiratory (be specific)
  _____
  seizures
- ☐ vision problems (be specific)_____
  ☐ glasses ☐ contacts
- ☐ other (be specific) _____
  _____
  _____

List all medications and dosages your child receives on a continual basic:

I hereby give my child _____ permission to attend the Veterinary Science Investion at Woodland Veterinary Hospital at 445 Matmor Road, Woodland CA. I hereby waive and release any claim against Woodland Veterinary Hospital for any injuries suffered by my child during the course. The staff of Woodland Veterinary Hospital has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

☞PARENT/GUARDIAN SIGNATURE: _____ DATE: _____