

## 2010年“寻根之旅 相约北京”夏令营 7/21 - 7/28/2010

姓名(中文)	姓名(英文)	性别	出生年月	上衣号码M/L/XL/XXL	家庭医生 ( Primary Physician)
					Name
护照号码(国家)		国籍		宗教(可以空白)	Tele#
家长姓名	联系电话	E - Mail address			学生医疗保险公司info
					Name
					ID#
家庭电话(USA)	家庭地址(USA)				Tele#
					校长签字
<b>Emergency Contact personal information - while in China</b>					
<b>Name</b>	<b>Relation ship</b>	<b>Phone Number</b>			<b>E-mail Address</b>
<b>Please list your current medication and indicate any allergies to food, drug, insect bites, etc.</b>					
Camp Arrival Time & Flight					
<b>Parent name( print):</b>		<b>Parent Signature:</b>			<b>Date:</b>

**Note:** 1. Send one copy to school; And, student bring one to China - give to the group leader

2. Parent(s) must sign, to authorize the camp organizer to seek the best treatment possible, in the event of emergency.