



Vipassana Association of South Africa Trust

Vipassana Meditation as taught by S N Goenka in the tradition of Sayagyi U Ba Khin

Parent/Guardian Consent Form for Teenagers' Course

Course Location: _____ Course Date: _____

Name of Parent/Guardian:		
Address:		Phone:
Have you completed a course with Goenkaji or one of his Assistant Teachers? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, and you would like to serve on the course, please request a Servers' Application Form		
Child's Name:	Relation to child:	
Does your child have any allergies / medical problems / illnesses / emotional problems that we should know about?		
Are they on any regular medication? If so, please give details.		
Do they have any special requirements, e.g. diet?		
Where will you be during the course? Please give contact address and phone number if different from above.		
The children will be adequately supervised and every precaution will be taken to ensure their safety. In the event of a medical emergency, should we be unable to contact you, may we have permission to take your child to a medical practitioner: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you discussed the course with your son/daughter? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you think they are ready to participate and fully understand the commitment required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
For a weekend course your child/ren will need to bring their own overnight bag with toiletries, outdoor shoes/boots, sleeping bag, torch etc. Please make sure they do not bring games, books, CD/cassette players etc.		
I am driving to the course and willing to be contacted by others needing a lift	Yes	No

My child and I have read the children's course materials (Parent/Guardian Information Sheet, Code of Conduct and Sample Timetable).

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

Parent/Guardian signature: _____ Date: _____

Dhamma Pataka Meditation Centre

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