



MDSC Annual Conference 2012 Brother & Sister Supplemental Registration Form

Note: The Brother and Sister workshops will take place at the Massachusetts College and Health Sciences (MCPHS) Fuller Conference Center, 15 Foster Street 9th Floor, directly across the street from the DCU Center. Attendees will be supervised at all times and guided to and from the Fuller conference center in the morning, at lunch and at the end of the day.

I. Contact Information

Name: Male Female

Date of Birth: Phone #:

Street Address: City/Town:

State: Zip Code:

Emergency Contact Name:

Emergency Contact Phone Number Home:

Cell:

E-mail Address:

II. Health History: To be Completed by Parent/Caregiver:

1. Does your child have any medical conditions that we should be aware of? If so, please let us know of we can do anything to accommodate his or her medical conditions.

2. Please list any food, environmental, or medication allergies.

Is the participant capable of monitoring his or her own diet for diabetes, milk allergies, or gluten sensitivities?

Yes No

3. What medications does your child take on a regular basis?

Please note: The MDSC is unable to administer any medications.

Medication Name	Dosage	Date Presc.	Times per Day

Please list anything else that you feel would be helpful for staff or volunteers to know regarding the participant:

Physician Information

Physician Name: _____ Physician Phone: _____
 Physician Address: _____

III. Signature

Please fill out one of the following:

A. Signature of parent/legal guardian: _____

Date: _____

B. Participant is over the age of 18

Signature of Participant: _____

Date: _____

Please email, fax or mail to the MDSC office so that it's received by
 Friday, March 9th
Email to:
 Rosalie Forster at rforster@mdsc.org
Mail to:
 MDSC
 c/o Annual Conference (Brother/Sister)
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