

Application Form

1.0 Resident Information

Name of the Resident: _____

Date of Birth: _____ Phone No. _____

2.0 Mother Information

Name: _____

Email: _____ Residence Phone: _____

Work Phone: _____ Mobile: _____

Address: _____

3.0 Father Information

Name: _____

Email: _____ Residence Phone: _____

Work Phone: _____ Mobile: _____

Address: _____

4.0 Guardian Information

Name: _____

Relationship to the Resident: _____

Email: _____ Residence Phone: _____

Work Phone: _____ Mobile: _____

Address: _____

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5.0 In the event that the parent or guardian cannot be contacted, Vivaan is authorized to contact the following and child or his/her information may be released in to his/her custody:

Name: _____

Relationship to the Resident: _____

Email: _____ Residence Phone: _____

Work Phone: _____ Mobile: _____

Address: _____

Name: _____

Relationship to the Resident: _____

Email: _____ Residence Phone: _____

Work Phone: _____ Mobile: _____

Address: _____

6.0 Check any current diagnoses for your child

- Asthma
- Diabetes
- Seizure disorder-Type _____ Date of Last seizure _____ How often _____
- Allergy to any medications-Please list _____
- Additional Allergy-Please list _____
- Kidney disorders
- Heart Disease
- Eczema/Skin conditions
- Others, _____

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7.0 Please list any medications taken at home (attach separate sheets, if necessary)

Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____

8.0 Certification for treatment

If immediate treatment is urgent, in the judgement of Vivaan, we hereby authorize Vivaan to send the Resident to a hospital. Vivaan is not responsible or liable for any consequences of admission or treatment in the hospital. The cost of treatment in the hospital is our responsibility.

Parent/Guardian Signature _____ Date _____

9.0 The information furnished in this form is true. The following supporting documents (Self Certified Copies) are provided

- Aadhar Card of the Resident
 - Aadhar Card of Father
 - Aadhar Card of Mother
 - Aadhar Card of Guardian
 - Date of Birth Certificate of Resident
 - Copies of other documents _____
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Parent/Guardian Signature _____ Date _____