



Vipassana Trust

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

Parent/Guardian Form for Children and Young People's Courses

Course Dates _____

Name of Parent/Guardian _____

Address _____

_____ Telephone _____

Have you completed a course with Goenkaji or one of his Assistant Teachers? _____

Child's Name _____

Does your child have any 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.

Have you discussed the course with your son/daughter? Do you think they are ready to participate in the weekend and fully understand the commitment required?

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.

If you wish your child to attend this course please sign below:

Signature: _____ Date: _____

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