

# **Milagro School of Herbal Medicine**

**1500 5<sup>th</sup> St. #6, Santa Fe, New Mexico 87505  
(505) 820-6321 info@milagroherbs.com**

## **Foundations of Herbal Medicine**

### **Application for Admission**

Please complete the following and return with the nonrefundable \$250 deposit.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Why are you interested in studying herbal medicine? \_\_\_\_\_

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\_\_\_\_\_

What goals do you have for your herbal studies? \_\_\_\_\_

\_\_\_\_\_

Do you have any background related to herbal studies, including education, work experience, or self-study? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Milagro School of Herbal Medicine? \_\_\_\_\_

Do you have any health concerns that may limit involvement in field trips?

\_\_\_\_\_

I understand the requirements and costs related to the Milagro School of Herbal Medicine.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**Milagro School of Herbal Medicine Health and Liability Waiver**

I agree to hold Milagro School of Herbal Medicine, El Milagro Herbs, Inc., and associated instructors harmless for any damages or problems which may arise during my enrollment in the Foundations of Herbal Medicine Program, Intensive herb classes, field trips, and any instructional programs. I agree that I am independent and pursuing a course of self-education that will require classroom and field trip time; I agree to take full responsibility for my health to ensure a successful completion of the program.

Please describe any conditions, disabilities, or ailments that the Milagro School of Herbal Medicine should know about that might affect your learning while enrolled. All information is confidential. \_\_\_\_\_  
\_\_\_\_\_

Please list any prescription medications that you take on a regular basis and might be needed in an emergency. \_\_\_\_\_  
\_\_\_\_\_

Please list the name and phone number of at least one person in case of emergency.

\_\_\_\_\_  
\_\_\_\_\_

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Class Attended \_\_\_\_\_

This document to be on file for one year after enrollment in any programs.

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