

**Dignity Works Here at RCC
Presents Project ELEVATE
Medical Form**

Name of Individual: _____

Date of Birth

Does the individual have any food allergies?
(please circle or mark with an X) Yes ____ No ____

If yes, Please explain food allergies:
Box will expand as you fill out

If YES, do they use an EPI-PEN?
(please circle or mark with an X) Yes ____ No ____

Does the individual have any other allergies?
(please circle or mark with an X) Yes ____ No ____

If YES, Please explain other allergies:
Box will expand as you fill out

If YES, do they use an EPI-PEN?
(please circle or mark with an X) Yes ____ No ____

Does the individual take any medication?
(please circle or mark with an X) Yes ____ No ____
*Please note: medication will not be dispensed by
DWH/RCC staff*

If YES, please list the medication and dosage:

Does the individual have any current or ongoing
medical conditions the DWH staff should be
aware of? Yes ____ No ____

If YES, please describe:

Are there any impairments in: (please circle either YES or NO)

Vision	Yes ____	No ____	Spine	Yes ____	No ____
Hearing	Yes ____	No ____	Nose/Throat	Yes ____	No ____
Lung	Yes ____	No ____	Extremities	Yes ____	No ____
Teeth	Yes ____	No ____	Nervous System	Yes ____	No ____
Abdomen	Yes ____	No ____			

If circled YES to any of the above, please describe:

PLEASE PROVIDE 2 EMERGENCY CONTACTS:

Emergency Contact #1

Name:

Address:

Phone Number:

Phone Number:

Relationship to participant:

Emergency Contact #2

Name:

Address:

Phone Number:

Phone Number:

Relationship to participant:

Insurance Information:

Primary Insurance:

Company

Policy Number

Policy Holder

Policy Holder Date of Birth

Secondary Insurance:

Company

Policy Number

Policy Holder

Policy Holder Date of Birth

In order to ensure a safe workshop, Dignity Works Here, Inc. and RCC will be mandating the following procedures:

- If deemed necessary by the local health department and CDC recommendations due to the ongoing COVID-19 pandemic - participants and/or their legal guardians may be required to fill out a daily health questionnaire.
- If deemed necessary by the local health department and CDD recommendations due to the ongoing COVID-19 pandemic - participants may need to wear face masks (covering nose and mouth at all times) and maintain social distancing procedures.
- Stay home when feeling ill or showing symptoms of COVID-19.
- Wash hands frequently. Sanitizing stations will be set up throughout the facility.

The information requested on this form is confidential and for emergency use only. Only in the event of an emergency while participating in Dignity Works Here, Inc. and RCC will this information be used.

- In case of an emergency, I give permission for my information to be released for emergency purposes. I also understand that in the case of an emergency, 911 will be called first and then the emergency contact(s) listed below.
- I understand Dignity Works Here and Rockland Community College are not liable for any accidents or injuries the participant may suffer while participating in Project ELEVATE.
- I accept full financial responsibility for Project ELEVATE hosted by Dignity Works Here in partnership with Rockland Community College.

The information I have provided is accurate, complete, and true.

Parent/Legal Guardian Signature

Date