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)
Please note: medication will not be dispensed by DWH/RCC staff
Yes ◯ No ◯

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 that Dignity Works Here, Inc. are not liable for any accident or injury the participant may suffer while participating in the Summer Workshop Series..
- I accept full financial responsibility for the Summer Workshop Series/Dignity Works Here, Inc.

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

_____ _____

Parent/Legal Guardian Signature **Date**

A $100.00 non-refundable deposit is required for each participant.

Check payable to Dignity Works Here, Inc. or Zelle: info@dignityworkshere.org