



## Dungeness Christian Music (DCM) Workshop Health and Liability Release Form

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Are you in general good health, able to participate in all normal DCM Workshop activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If NOT, please submit a statement indicating limitations)

Name of My Physician \_\_\_\_\_

Address/Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

### **Please read carefully and complete this section:**

**While participating in activities at DCM Workshop, each student is assumed to be voluntarily performing activities for which he/she assumes all risk, consequences, and potential liability. By signing this form, I hereby release DCM Workshop, Dungeness Community Church (DCC), and their agents from any and all claims by reason of accident, injury, illness, death, or any other consequences arising or resulting directly or indirectly from participation in activities at DCM Workshop held at DCC, Sequim, WA.**

**In case of a medical emergency, I understand that every effort will be made to reach the emergency contact person I have designated. In the event that person cannot be reached, I hereby give permission to the physician selected by the DCM Workshop Nurse and/or the Director or Administrative Director of DCM Workshop to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery to me. I also give permission for the release of medical records to an attending physician in case of illness or accident.**

**MY SIGNATURE** \_\_\_\_\_

**HEALTH INSURANCE CO.** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**DATE** \_\_\_\_\_

Please fill out the questions on the next two pages.

## IMMUNIZATION HISTORY:

(All immunizations are the responsibility of the student in consultation with family physician or clinic)

Please give dates:

DPT \_\_\_\_\_ DPT Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_

Polio Series \_\_\_\_\_ Polio Booster \_\_\_\_\_

MMR \_\_\_\_\_ MMR Booster \_\_\_\_\_

## ALLERGIES/CHRONIC CONDITIONS:

(Please write YES or NO next to each)

Hay Fever \_\_\_\_\_ Sulfa \_\_\_\_\_ Fainting \_\_\_\_\_

Convulsions \_\_\_\_\_ Asthma \_\_\_\_\_ Poison Ivy \_\_\_\_\_

Bee Sting \_\_\_\_\_ Food \_\_\_\_\_

Allergies \_\_\_\_\_

Special Dietary Requirements \_\_\_\_\_

If you answer YES to any of the above, please submit a statement detailing how the student has been treated and which medications have been used.

**OPERATIONS OR SERIOUS INJURY: (Please include dates)** \_\_\_\_\_

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**COMMUNICABLE DISEASE: Please notify Workshop Director if you have been exposed to any communicable disease during the three weeks prior to attendance at DCM Workshop.**

### OTHER HEALTH INFORMATION REQUIRED

Medications? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

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Epilepsy? Yes \_\_\_ No \_\_\_ Diabetes? Yes \_\_\_ No \_\_\_ Asthma? Yes \_\_\_ No \_\_\_

Date of last physical \_\_\_\_\_

Physical Limitations? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

Additional comments \_\_\_\_\_

I give permission for the Workshop Health Care Provider to use or direct the use of the following over-the-counter (OTC) medicines:

1. Tylenol (cetaminophen) – for minor aches and pains
2. Benadryl (Diphenhydramine) – for allergic reactions
3. Sudafed (Pseudoephedrine) – for cold symptoms
4. Tums (Calcium) – for indigestion
5. Pepto-Bismol (Bismuth of Antimony) – for upset stomach, diarrhea
6. Neosporin/Polysporin Ointment – for minor cuts and scrapes
7. Sun Burn Gel (benzocaine/lidocaine 1% and aloe) – for sunburn
8. Insect Repellant – in case camper loses their own
9. SPF 15+ Sun Block – in case camper loses their own

You may mark out meds that you do not want to receive. Also please make sure you list all meds you are taking (whether prescription or over the counter), and **meds must be brought in the original bottles and labeled with your name, dosages, and times to be taken.**

\_\_\_\_\_ Date \_\_\_\_\_  
(Your Signature)

**Revised January, 2017**