

Dharma Rain Zen Center
DharmaGarden Programs
Emergency Contact & Health Information

Today's Date _____

Note: Filling out this form does not guarantee a space in either Dharma Camp or Dharma School. However, every student attending must have submitted this form (both sides completed) before being accepted. Priority will be given to those who have registration forms in early and to those who regularly attend Dharma Rain or Great Vow Zen Monastery programs.

Youth Name (s) _____

Parent Name (s) _____

E-mail Address _____

Street, City, State, Zip _____

Phone _____

Current Dues-paying member ☐ DRZC ☐ ZCO ☐ Non-member

In case of emergency please notify:

Name _____

Relationship _____ Phone _____

Alternate _____

Relationship _____ Phone _____

Does the youth have medical insurance coverage? ☐ Yes ☐ No

Primary Care Physician _____ Phone _____

Insurance Provider _____ Plan _____

Account # _____

Does the youth have dental insurance coverage? ☐ Yes ☐ No

Dentist _____ Phone _____

Insurance Provider _____ Plan _____

Account # _____

Health History

Does the young person have a medical or mental health condition that a doctor or medical professional should be informed of in case of an emergency? Please be specific.

Drug allergy? ☐ Yes ☐ No If yes, please describe:

Food allergy? ☐ Yes ☐ No If yes, please describe:

Chronic or recurring illness? ☐ Yes ☐ No If yes, please describe:

Does this young person have all the immunizations up to date? ☐ Yes ☐ No

If NO, please describe:

Need to take regular medication? ☐ Yes ☐ No If yes, please describe:

Other?

Please tell us of any special concerns you have about the youth's comfort and what might interfere with the success of an overnight or camp experience. We would appreciate insight into the strength, weakness, and/or idiosyncrasies of the young person's character and physical being. (use separate sheet if needed)

Release

Please check Yes or No in the following statements.

1. My child may be given regular over-the-counter medications such as aspirin, Tylenol, or cough medicine by the staff. ☐ Yes ☐ No
2. My child has prescription medication that should be self-administered as per physician's directions ☐ Yes ☐ No If yes, please describe:
3. My child has prescription medication that should be administered by adult staff member as per directions on medicine. ☐ Yes ☐ No
If yes, please describe:
4. My child may be given any and all medical treatment deemed proper and necessary by an attending physician in case of emergency. ☐ Yes ☐ No
5. I understand that photographs and videos may be taken at Dharma School or Dharma Camp. I hereby give permission for the use of such images of my youth to be used for the promotion of Mandala on the Mountain, Dharma Rain Zen Center, or Dharma School. I understand that children are never identified by name in publications, unless by express permission of the parent(s) (and child if old enough to object). See the DRZC Photo and Video Policy for further information. ☐ Yes ☐ No

I have filled out this form fully and accurately to the best of my knowledge. I agree to release Northwest Zen Sangha, Dharma Rain Zen Center, and the staff of Mandala on the Mountain Dharma Camp from any liabilities that might accrue from reasonable and normal activities during the time my child is in their care. My questions about Dharma Camp, Dharma School, or overnight participation have been satisfactorily answered.

Print Name: _____

Signed: _____ Date _____
(Custodial parent or guardian)