



DURHAM ARTS COUNCIL, INC.

VOLUNTEER EMERGENCY INFORMATION

NOTE: This information is strictly confidential and will be used only in the event of an emergency, when you cannot give this information yourself. Giving this information is mandatory although you may choose not to provide all of the information. Please put your name and your guardian/parent's name on the line below, sign on the reverse of this sheet, and give this sheet to the DAC School Manager along with your application materials. In case of an emergency DAC will do whatever possible to meet your requests below however, we are bound by the information you have provided.

Your Name: _____ Contact Number: _____

1. Are you covered by health insurance? () Yes () No

If yes, what is the name of the insurance carrier?

_____ Your account #: _____

2. Name, address and phone numbers of person(s) to be identified in case of an emergency:

Contact #1:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Mobile Phone: _____

Contact #2:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Mobile Phone: _____

3. Name(s) and phone number(s) of doctors or other health professional(s) who should be notified in case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

4. Do you have any chronic or other medical conditions that health care professionals should know about in the event of an emergency? () yes () no

If yes, please list: _____

5. Do you regularly take prescription drugs? () yes () no

If yes, please list: _____

6. Do you have chronic allergies, including allergies to medicines? () yes () no

If yes, please list: _____

7. Do you regularly wear contact lenses: () yes () no

8. Please list your religious affiliation (if any) that you would want a health-care provider to know: _____

9. Other information that a health professional should know in case of an emergency:

10. Preferred hospital: _____

WAIVER OF LIABILITY: In consideration for Durham Arts Council, Inc. making its programs available to me and/or my child, I hereby release Durham Arts Council, Inc. its employees, volunteers and agents from any and all liability, cost or expense associated with any injury I and/or my child may sustain while participating in any Durham Arts Council programs. In the event of an emergency, I give my permission to Durham Arts Council, Inc. to call for Emergency Medical Services (911) and/or to select a physician to secure proper treatment for my child. Durham Arts Council, Inc. occasionally takes photographs of classes for use in DAC publicity. Therefore, I grant Durham Arts Council, Inc. permission to photograph and/or record me or my child's likeness and voice using video, audio, photographic, digital, electronic or any other medium (collectively referred to as 'the recordings') as part of my participation in classes or camps. I acknowledge that all rights, title and interest to the recordings will belong to Durham Arts Council, Inc. Durham Arts Council, Inc. may also use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, online, podcasts, transcripts) these recordings for any purpose that Durham Arts Council, Inc., and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. Participant names will not be listed.

Print name: _____

Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____