

**Oneness Project  
Medical Release Form  
Oneness Project's Dances of Universal Peace Retreat**

*Please complete the entire form and return at least two weeks prior to the event to the address at the bottom.*

Child's Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

2nd Child \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Parent can be reached at:

Home Phone \_\_\_\_\_ Work Phone/Hours \_\_\_\_\_

Cell \_\_\_\_\_ During Camp \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Please indicate any special medical problems or restrictions of your child/children (injury, allergies, chronic recurring illnesses, etc.) of which we should be aware:**

**Is your child under a doctor's care? \_\_\_\_\_ Is your child seeing a therapist? \_\_\_\_\_**

**Is your child taking medication? \_\_\_\_\_ If so, please list them: \_\_\_\_\_**

**Insurance Information**

To be used for special tests, treatments, x-rays or medical consultations in the event any are needed in an emergency.

If Medicaid, indicate number \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Policy Number \_\_\_\_\_

If group insurance, company: \_\_\_\_\_

Parent who insures child \_\_\_\_\_

Any specific billing instructions \_\_\_\_\_

## Consent for Emergency Treatment

*I verify that my child is able to participate in the children/youth program at the Oneness Project's Dances of Universal Peace Event. The undersigned parent/guardian hereby grants permission to the Oneness Project staff for the child/children above to be treated by the appropriate medical personnel for any illness/accident while attending the retreat. I also give my consent for any emergency transportation deemed necessary.*

## Release of Liability

*The undersigned parent/guardian understands that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, and in consideration of my child's/children's acceptance for participation at camp, the undersigned hereby agrees to assume those risks and to hold harmless Oneness Project, its trustees and staff, and all camp agents, representatives, employees, and volunteers, from any and all liability, claims for personal injury and/or property damage, costs, expenses, and damages arising out of or connected in any way with my child's/children's participation in camp activities. Further, the undersigned acknowledges that Oneness Project accepts no responsibility for the loss, damage, or theft of my child's/children's personal property.*

## Emergency Contact Person (other than parent)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent's Name** (please print): \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Please return this form two weeks prior to the retreat event to:***

Evie Fagergren, Registrar  
Oneness Project  
PO Box 2602  
Olympia, WA 98507

***\* We are unable to accept participation of minor children without this signed form.***