

**To: Interested Parents, Guardians and Students**  
**Re: Summer Camp Application Forms**

Thank you for your interest in OSB's summer camp programs. Please download and complete the application and return the application forms as soon as possible to OSB.

**The deadline for submission is April 20<sup>th</sup>, 2018.**

**Please note that camp is 2 weeks long this year. Students will go home on the weekend.**

**Check-in is on Sunday, June 3rd, 2018. Please arrive in the following order:**

**11<sup>th</sup> – 8<sup>th</sup> grade 1:00 – 2:00**

**7<sup>th</sup> – 4<sup>th</sup> grade 2:00 – 3:00**

**3<sup>rd</sup> – 1<sup>st</sup> grade 3:00 – 4:00**

**Note: Grade level is referring to the grade the student just completed. Please arrive in the main parking lot . There will be signs directing you to the West Lobby entrance.**

Please feel free to attach a letter to this application describing concerns you may have regarding your child or anything that would help us know your child better.

**\*\*Please note that there is a school form to be filled out and sent in by the school. (Appendix A)**

**CURRENT OSB students need only UPDATES to medical information. Non-OSB Students must submit the following information with the application forms:**

- Current eye report**
- Current immunization (shot) records**
- Copies of health insurance cards**
- Medical information, including list of current medications**
- Indian Tribal Card, if applicable**

**School Child Currently Attends:** \_\_\_\_\_

**VI Teacher Name:** \_\_\_\_\_

**VI Teacher Contact Phone:** (\_\_\_\_\_) \_\_\_\_\_

**T-Shirt Size:** Please choose one.

**Youth Sizes:**     **S**    **M**    **L**    **XL**

**Adult Sizes:**     **S**    **M**    **L**    **XL**    **XXL**    **XXXL**

**The staff at Oklahoma School for the Blind is excited to have your child join us for summer camp. We have a variety of fun activities planned and some examples are: inflatables, cookouts, fishing, swimming, water parks, running, climbing, and cross fit. Your child's safety is our foremost objective when designing and implementing this program. Please be aware that activities such as these could result in minor bumps or bruises.**

**Appendix A**  
**2018 STUDENT INFORMATION/SCHOOL RELATED**

This form should be completed by the teacher most knowledgeable about the student's program and returned to Oklahoma School for the Blind.

Name of Student: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Summer Phone #: \_\_\_\_\_

Current Grade Placement: \_\_\_\_\_

Functioning Grade Levels:

\_\_\_\_\_ Math \_\_\_\_\_ English/Language  
\_\_\_\_\_ Reading

Strengths:

\_\_\_\_\_  
\_\_\_\_\_

Weaknesses:

\_\_\_\_\_  
\_\_\_\_\_

Type of Program the student is currently enrolled:

\_\_\_\_\_ Inclusion in regular classroom \_\_\_\_\_ Special Ed. Full Time  
\_\_\_\_\_ Behavior Program

Paraprofessional: N/A \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Primary Handicapping Condition: \_\_\_\_\_

Check any of the following which apply to the student:

\_\_\_\_\_ Glasses \_\_\_\_\_ Contact Lens \_\_\_\_\_ Magnifier \_\_\_\_\_ CCTV  
\_\_\_\_\_ Telescope \_\_\_\_\_ Other Adaptations

Does your student use:

\_\_\_\_\_ Print \_\_\_\_\_ Braille \_\_\_\_\_ Both \_\_\_\_\_ N/A

In the event of an emergency it is essential that we have accurate contact information for you.

Student Name: \_\_\_\_\_  Male  Female

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade level Fall 2018

Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contact:** Please list, in preferred order, two other people we should contact in the event we are unable to reach you in an emergency.

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Telephone: (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION**

Yes  No I give permission to administer over the counter medication during summer camp (i.e. Tylenol, cough syrup). Please list any restriction regarding over the counter medication:

▶ \_\_\_\_\_  
▶ \_\_\_\_\_  
▶ \_\_\_\_\_

Yes  No Any history of seizures? If yes, please list symptoms and date of last seizure.

▶ \_\_\_\_\_  
▶ \_\_\_\_\_

Yes  No Does your child have a shunt? If yes, please describe.

▶ \_\_\_\_\_  
▶ \_\_\_\_\_

Yes  No Should your child be restricted from any type of recreation or physical activity? If yes, please explain.

▶ \_\_\_\_\_  
▶ \_\_\_\_\_

Yes  No Any diet restrictions? Please list:

▶ \_\_\_\_\_  
▶ \_\_\_\_\_

**NOTE: MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH YOUR CHILD'S NAME ON THE LABEL AND BE PRESCRIBED BY A DOCTOR. PLEASE BRING TO CAMP AT LEAST A 6-DAY SUPPLY. IF YOUR CHILD HAS ADRENAL INSUFFICIENCY, ASTHMA, DIABETES, SEIZURES: PLEASE REMEMBER TO BRING ALL EMERGENCY MEDICATIONS.**

**Please list the medications your child currently takes:**

- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_

**Please list below any special health problems including allergies and any other health information that may be useful in the event of an injury or illness:**

- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_

## **PERMISSIONS AND RELEASES**

Please complete the following in full, including date and signature.

- Yes  No I authorize Oklahoma School for the Blind Superintendent or designated employee to act on my behalf in case of needed emergency medical care for my child in the event I am unable to be contacted. I will be notified immediately of my child's condition and treatment.
- Yes  No I give OSB authorization to take my child to the nearest hospital if emergency services become necessary. If my child is taken to a hospital for emergency services and I cannot be reached, I will take full responsibility for the medical cost.
- Yes  No I confirm that my child has permission to attend school-sanctioned activities. Students are accompanied by school employees and transported in school vehicles for various activities.
- Yes  No I give consent for my child to learn about his/her eye condition and appropriate modifications and adaptations.
- Yes  No I understand that if my child is found in possession of drugs, alcohol, weapons, or any other contraband, he/she will be expelled from OSB Summer Camp and I will be called to immediately come to the school and pick up my child.
- Yes  No I understand that OSB's Summer Camp cannot accept participants who might endanger themselves or other people. By checking yes, I am stating that my child does not have any violent tendencies and has never injured anyone, including himself/herself.
- Yes  No I understand that OSB's Summer Camp cannot accept participants who are not independent in their living skills (showering, dressing, toileting, eating).

Yes  No I give consent that photographs, and/or electronic images of my child can be released in newspapers, magazines, brochures, school films, website or other types of media regarding summer camp.

Yes  No I give consent for information about my child and his/her progress in summer camp to be released to his/her local school.

The following people have permission to visit or call my child at school, take my child off campus, pick up and/or transport my child to/from school and/or from the bus stop:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_



This page to be filled out by **parent/guardian**

**STUDENT:** \_\_\_\_\_

The OSB Summer Program is designed to provide students who attend their local school during the regular school year with unique educational opportunities, specific skill training, remediation and reinforcement of academic skills, access to specialized equipment and leisure activities.

Please check only 3 skills which would be of benefit to your child. Please rate in order of importance: 1, 2, 3 with 1 being the most important and 3 being the least important.

- |  |                                 |
|--|---------------------------------|
| _____ Braille Reading  | _____ Abacus                    |
| _____ Mathematics  | _____ Independent Living Skills |
| _____ Assistive Technology specific to blind and low vision students |                                 |

Please list your specific concerns or problems your child is experiencing?

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Please return application to:  
Oklahoma School for the Blind  
Attn: Shawna Coplen  
3300 Gibson Street, Muskogee, OK 74403  
(918) 781-8200, Toll Free in OK 1-877-229-7136, Fax (918) 781-8299  
Email: [scoplen@osb.k12.ok.us](mailto:scoplen@osb.k12.ok.us)