

State of Illinois
Department of Human Services • Office of Rehabilitation Service
ILLINOIS SCHOOL FOR THE DEAF
 (217)-479-4257 (Voice/TTY) e-mail laura.braucht@illinois.gov
 Visual Performing Arts Camp

CAMP: _____

DATE: _____

PLEASE TYPE OR PRINT

Last Name

First Name

Birth Date

Address

City

ST

Zip

_____ - _____ - _____

County

(Area Code) Telephone

Social Security #

Male

Female

Email Address

Cell Phone Number

Emergency Contact (other than Parent)

Relationship

(Area Code) Telephone

We live more than 50 miles from I.S.D and want our child(ren) picked up on the first day of camp. __YES__NO

PARENT/GUARDIAN NAMES	RELATIONSHIP	Address Street/City/ST/ZIP	Telephone Number

Cultural Background: White Hispanic Asian American Indian African- American
 Other: _____

Primary language used at home: _____

Student's primary mode of communication: _____

Hearing impairment: indicate type and severity of hearing impairment; cause and when diagnosed:

Hearing Aid: Do you wear a hearing aid? Yes NO If yes, what kind? _____

Eye Glasses: Do you wear eye glasses and/or contacts? Yes NO

Secondary disabilities: List any disabilities in addition to hearing impairment; include degree and severity, cause when diagnosed, and any treatment received.

Health information: List any medical conditions requiring treatment or medication (i.e., asthma, allergies, epilepsy, etc.)

Medication: List and medications (dosage, Frequency, duration) you are currently taking and give reason for taking them. NOTE: if accepted for the program, medications must be brought in original bottles with labels and instructions. Medications will be given to the Health Center to administer.

Physical restrictions: List in detail any physical restrictions. Include medical instructions for handling them. Would any restrictions limit participation in any activities? If yes, describe.

Immunizations: Are immunizations up- to-date? **Yes** **NO** all immunization dates should be filled in on physical examination form. **Date of last tetanus shot:** _____

Medical insurance: Are you covered by health insurance? **YES** **NO**

<i>Name of Insured:</i>		<i>Soc.sec.no</i>	
<i>Insurance Co.</i>			
<i>Company Address:</i>			
<i>Policy NO.</i>		<i>Group no.:</i>	

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MEDICAL CONSENT OF PARENT OR GUARDIAN
SUMMER CAMP

I, the parent (or guardian of) _____ whose birth date is _____,
 Do hereby give my consent to all medical, surgical, and hospital care, and to all immunizations of a protective nature
 which may be necessary while my child is under the care and supervision of the Illinois Department of Human Services. I
 will be responsible for the cost of medical care other than routine Health Center Services provide by the school.

Parent/ Guardian Signature _____
Date

Signature of Student _____
Date

Last year completed in school: _____

SCHOOL: List name/address of school you are attending.

Name of School	Address	Last Year Completed	Date of Leaving

LOCAL EDUCATION AREA: District name and number: _____

Position	Name	Address
<i>School Dist. Supt.:</i>		
Dir. of Special Ed.		
Reg. Hearing imp. Supv.:		

INTERESTED PARTIES: List physicians, Clinics, schools or social agencies involved in your care:

Name	Position	Address

Expenses: I understand that I am responsible for clothing, personal, and medical expenses.

Signatures:

Parent/Guardian Signature _____ _____
Date *relationship to student*

Signature of Student _____
Date

T-SHIRT SIZE _____

PARENT CONSENT REGARDING STUDENT ACTIVITIES

Student's Name _____

I hereby give my consent to the Illinois School for the Deaf for my child to have his/her picture taken for the purpose of publication/instruction (including television/videotapes or motion pictures).

Yes _____ NO _____

The Taking and Using of Student's Photographs

89 Ill. Adm. Code: 830.10 a. Department of Rehabilitation Services employees will not be permitted to take or use a photograph of a student which would demean or embarrass the student or would not be considered by reasonable viewers to represent the student in a positive or favorable manner. Photographs of a student will only be taken or used by a DORS employee when the permission of the student's parent/guardian, or the student has been obtained. B. The superintendent or designee shall not authorize any person(s) not employed by ORS to photograph a student on campus, nor will the school provide a photograph to such a person (s) unless the superintendent or designee knows the purpose for which the picture will be used and has assurance that the person(s) will observe the standards as set forth in subsection a. Insofar as possible, photographs of a student will only be taken or used when the permission of the student's parent or guardian, or the student (when the student is over 18) has been obtained.

Parent/Guardian Signature

Date

Signature of Student