

OKLAHOMA SCHOOL FOR THE DEAF
DEAF AND HARD OF HEARING SUMMER CAMP
HIGH SCHOOL – JUNE 10-15, 2018’
ELEMENTARY SCHOOL – JUNE 10-13, 2018’

REGISTRATION DAY

WHEN: JUNE 10th (High School) | JUNE 10th (Elementary)

WHERE: GRIFFING HALL CAFETERIA

TIME: 4:30 pm to 5:30 pm

WHO: ALL CAMPERS AND PARENTS

THOSE WHO CAME ON AN OSD BUS:

1. Bring all luggage and medicines to the cafeteria.
2. You will be registered and taken to a dorm room.
3. You will eat supper at 6:00 pm.
4. A meeting will follow supper in the Student Union.

PARENTS WHO BRING YOUR CHILD

1. Bring all luggage and medicines to cafeteria.
2. Child will be registered and taken to dorm.
3. All parents are invited to meet with a staff member and tour the campus and ask questions.
4. Parents are invited to stay and eat supper.
5. If a parent has been accepted to help with camp, you will be shown to your dorm room later.

STUDENT BEHAVIOR EXPECTATIONS DURING HIGH SCHOOL DEAF ACADEMIC CAMP

PURPOSE: This camp will give students the opportunity to socialize and learn about the Deaf Culture through fun activities. We expect all the students to behave in a respectful manner toward each other and toward all staff members.

General Camp Rules

- Be responsible, punctual, cooperative, and respect the rights and property of others.
- Parents can contact campus to speak with their child.
- Be safety conscious
- Obey state and federal laws
- Local students are allowed to stay in the dorms on a full-time basis only. They may not stay part-time in the dorms. Campers must choose to stay or commute daily. This is to insure accountability and safety at all times.
- All medications will be turned in to designated staff for controlled distribution. This includes over-the-counter drugs.
- **No camper will be allowed to register if we do not have complete medical information and a copy of medical insurance card.**

The Following Are Prohibited on OSD Campus

Cigarettes, drugs, alcohol, weapons, sexual relations, leaving campus (unless in a supervised activity), driving personal vehicles except to arrive in the morning and leave in the evening (local students only).

ANY BEHAVIOR DEEMED UNACCEPTABLE WILL RESULT IN PARENTAL CONTACT AND, AT PARENTS' EXPENSE; STUDENT WILL BE PICKED UP BY PARENTS AND TAKEN HOME IMMEDIATELY.

NEED TO BRING WITH YOU TO CAMP!

- All bedding is supplied, but you may want to bring your own pillow.
- Swimming trunks and towels: Two piece suits require an outer covering.
- Money –spending money for arcade and food at Laser Zone only. **(SCHOOL TAKES NO RESPONSIBILITY FOR LOST OR STOLEN MONEY)**
- Comfortable summer shorts and shirts. **Please no revealing garments.**
- A great attitude and a desire to learn and have fun together.

All Campers Need this Form!

APPLICANT MUST BE 12-17 YRS. OF AGE for High School Camp
APPLICANT MUST BE 6-11 YRS. OF AGE for Elementary Camp

STUDENT NAME: _____

AGE: _____ BIRTHDATE: _____/_____/_____/ MALE / FEMALE (CIRCLE)

GRADE THIS FALL: _____

STUDENT IS: DEAF or HARD OF HEARING or HEARING(HIGH SCHOOL ONLY) (CIRCLE)

CAMPER T-SHIRT SIZE: ADULT _____ OR CHILD _____

STUDENT READING GRADE LEVEL _____

GUARDIAN(S)NAME(S): _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE NUMBERS (include area code) – Please no “out of service” numbers.

HOME: _____ WORK: _____ CELL: _____

EMAIL: _____

EMERGENCY PHONE NUMBER – NOT parent numbers repeated.

1-NAME: _____ RELATIONSHIP: _____

PHONE # : _____ OTHER: _____

2-NAME: _____ RELATIONSHIP: _____

PHONE #: _____ OTHER: _____

MY CHILD WILL RIDE THE OSD BUS TO CAMP ON SUNDAY:

YES NO (CIRCLE ONE)

MY CHILD WILL RIDE THE BUS HOME:

YES NO (CIRCLE ONE)

High School Only-MY CHILD WILL NEED A RIDE TO LOVINGS HAND RANCH (LHR)

(Please contact LHR, before you circle)

YES NO (CIRCLE ONE)

ALL APPLICATION PAPERS MUST BE RETURNED BY MAY 1ST, 2018:

RETURN TO: STACY EDGAR C/O OK. SCHOOL FOR THE DEAF,

1100 East Oklahoma Ave., Sulphur, OK. 73086.

PHONE # 580-622-4900 ext. 4964 TOLL FREE: 1-888-685-3323

FAX APPLICATION TO: “STACY EDGAR” #580-622-4959

EMAIL: sedgar@osd.k12.ok.us

I GRANT PERMISSION FOR MY CHILD TO ATTEND CAMP AND TO HAVE THEIR PICTURE TAKEN AND REPRINTED.

* _____ DATE _____/_____/_____

SIGNATURE

For Non-OSD STUDENTS ONLY!

**OKLAHOMA SCHOOL FOR THE DEAF
AUTHORIZATION FOR MEDICAL CARE OF A MINOR**

I, _____, parent or legal guardian of _____,
(Parent name) (Student name)

DO HEREBY AUTHORIZE A REPRESENTATIVE OF THE OKLAHOMA SCHOOL FOR THE DEAF to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the state of Oklahoma.

IN GIVING THIS CONSENT, I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care, it may not be possible to contact me and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each and the risks attendant to foregoing all treatment. In such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the above named minor.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____
TELEPHONE: (____) _____ **DATE:** _____

PHYSICIAN'S AUTHORIZATION

I, _____, PARENT OR GUARDIAN
(PARENT/GUARDIAN)

OF _____, AUTHORIZE THE CONTRACT
(CAMPER)

PHYSICIAN OR HIS DESIGNEE IN CONJUNCTION WITH THE MEDICAL SERVICES STAFF TO PROVIDE MEDICAL CARE FOR THE ABOVE NAMED CHILD; A CAMP ATTENDEE AT THE OKLAHOMA SCHOOL FOR THE DEAF.

If the school contract physician finds it necessary for student to receive injections, (Antibiotics for example), do you give your permission for O.S.D. to give these?
YES___ NO___

If the school contract physician finds it necessary for student to have x-rays taken, do you give your permission for the local hospital (Arbuckle Memorial) to provide this service?
YES___ NO___

Copy of Medical insurance card must be sent with these forms.

PARENT SIGNATURE

WITNESS SIGNATURE

DATE:_____

OKLAHOMA SCHOOL FOR THE DEAF
STUDENT HEALTH CENTER

1100 EAST OKLAHOMA
Sulphur, Oklahoma 73086
(580) 622-4900 ext 4922 /4923

CHILD'S:

FULL NAME _____ SEX _____

RACE _____ DATE OF BIRTH _____ SSN _____

CAUSE OF DEAFNESS _____

AGE OF ONSET _____



OSD STUDENTS ONLY - Since end of school, any changes in health (Surgery, medication, etc.)
YES NO (CIRCLE ONE)

ALLERGIES: DRUGS _____ FOOD _____

PRESENT MEDICATIONS, INCLUDING MEDICATION TIMES:

DATE OF MINOR'S LAST TETANUS SHOT: _____

PAST SURGERIES OR HOSPITALIZATIONS: _____

MEDICAL DIAGNOSIS:

Does student wear glasses or contact lenses? YES___ NO___

Does your child currently have tubes in his / her ears? YES___ NO___

Do you have any particular health concerns, which you would like for us to monitor?

YES___ NO___

CONCERNS: _____

Does student have a DHS medical card? YES___ NO___

If yes: NUMBER _____ **(MUST BRING A COPY OF CARD)**

Name of insurance company and policy number: _____

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NOTE: STUDENTS MUST HAVE A WRITTEN ORDER FOR ALL
MEDICATIONS. A PRESCRIPTION LABEL ON A BOTTLE IS CONSIDERED A
WRITTEN ORDER.

PLEASE REMEMBER THAT IT IS O.S.D. POLICY THAT STUDENT GO HOME IF
HE / SHE IS TOO ILL TO FUNCTION IN THE CLASSROOM OR IF THERE IS A
KNOWN POSSIBLE TRANSMISSION OF AN ILLNESS TO THE DORM SETTING.

COMMENTS: _____

PARENT / GUARDIAN

SIGNATURE _____

Note to Parents:

We really appreciate you allowing your child to spend time at camp with us!!

High School Campers will arrive on Sunday **June 10th** between 4:30 and 5:00pm.

Elementary Campers will arrive on Sunday **June 10th** between 4:30 and 5:00pm.

High School campers will load buses to go home at 12:00 noon on **June 15th**.

Elementary campers will load buses to go home at 12:00 noon on **June 13th**.

Check “Bus Routes” on camp website for pick-up and drop-off times.

Please drive to the closest pickup place to your home.

Please be at the pick-up location earlier than time stated.

Our bus/van drivers will do their best to stay on schedule.

If you change plans in anyway (canceling your child from camp, deciding to bring or pick-up student, etc.) Please inform us before that day!

Any changes to the routes schedule should be on the website by **June 2nd**.

Please be sure to double-check the “Bus Routes” schedule on the website.

We are so happy you decided to let us be a part of your child’s summer!

If you have any questions, please feel free to call or email me.

Sincerely,

Stacy Edgar

Camp Director