

OKLAHOMA SCHOOL FOR THE DEAF  
DEAF AND HARD OF HEARING SUMMER CAMP  
HIGH SCHOOL – JUNE 11-16, 2017'  
ELEMENTARY SCHOOL – JUNE 11-14, 2017'

REGISTRATION DAY

WHEN: JUNE 11<sup>th</sup> (High School) | JUNE 11<sup>th</sup> (Elementary)

WHERE: GRIFFITH 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 an opportunity to improve their skills in the academic areas. 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.
- No “collect” phone calls allowed.
- Parents can contact campus to speak with their child (evenings preferred).
- Personal cell phone use permitted evenings only – no borrowing of campers or staff phones.
- 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!**  
(All applications are due by May 1<sup>st</sup>)

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 \_\_\_\_\_ STUDENT IS: DEAF or HARD OF HEARING or HEARING (CIRCLE)

STUDENT READING GRADE LEVEL \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

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

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**EMERGENCY PHONE NUMBER – NOT parent numbers repeated.**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE # \_\_\_\_\_ OTHER \_\_\_\_\_



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

MY CHILD WILL RIDE THE OSD BUS TO CAMP

YES NO (CIRCLE ONE)

MY CHILD WILL RIDE THE BUS HOME

YES NO (CIRCLE ONE)

MY CHILD WILL NEED A RIDE TO LOVINGS HAND RANCH

*(Please contact them, before you circle)*

YES NO (CIRCLE ONE)

**ALL APPLICATION PAPERS MUST BE RETURNED BY May 1<sup>st</sup>, 2016**

RETURN TO: STACY EDGAR C/O OK. SCHOOL FOR THE DEAF,  
1100 East Oklahoma Ave., Sulphur, OK. 73086.

PHONE # 580-622-4900 ext. 4964 1-888-685-3323 OR---

FAX ALL FORMS TO “STACY EDGAR” #580-622-4959

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

\* \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE

\* CHILD T-SHIRT SIZE IS: YOUTH - SM. MED. LG. (CIRCLE ONE)

ADULT T-SHIRT SIZE IS: SM. MED. LG. XL. XXL. XXXL.

*(Campers Only)*

**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 \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE (\_\_\_\_) \_\_\_\_\_ DATE \_\_\_\_\_ WITNESS \_\_\_\_\_  
MINOR'S BIRTH DATE \_\_\_\_\_  
MINOR'S DOCTOR (NAME AND TELEPHONE) \_\_\_\_\_  
**MINOR'S ALLERGIES** \_\_\_\_\_  
ROUTINE MEDICINE MINOR IS TAKING \_\_\_\_\_  
DATE OF MINOR'S LAST TETANUS SHOT \_\_\_\_\_  
MINOR'S MEDICAL HISTORY \_\_\_\_\_  
\_\_\_\_\_

OKLAHOMA SCHOOL FOR THE DEAF

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 \_\_\_\_\_

**ALLERGIES:**

DRUGS \_\_\_\_\_ FOOD \_\_\_\_\_

**PRESENT MEDICATIONS, INCLUDING MEDICATION TIMES**

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: \_\_\_\_\_

**PHYSICIANS NAME, ADDRESS AND PHONE NUMBER**

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

# EMERGENCY CONTACT INFORMATION

PARENT/ GUARDIANS NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # (\_\_\_\_) \_\_\_\_\_

MOTHER'S WORK # (\_\_\_\_) \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S WORK# (\_\_\_\_) \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_ NAME \_\_\_\_\_

EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_ NAME \_\_\_\_\_

EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_ NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OTHER FORMS OF CONTACT  
\_\_\_\_\_  
\_\_\_\_\_

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 TO ILL TO FUNCTION IN THE CLASSROOM OR IF THER 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 11<sup>th</sup>** between 4:30 and 5:00pm.

Elementary Campers will arrive on Sunday **June 11<sup>th</sup>** between 4:30 and 5:00pm.

High School campers will load buses to go home at 12:00 noon on **June 16<sup>th</sup>**.

Elementary campers will load buses to go home at 12:00 noon on **June 14<sup>th</sup>**.

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 2<sup>nd</sup>**.

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**