



State of Rhode Island and Providence Plantations
 Department of Human Services
 Office of Rehabilitation Services
Services for the Blind & Visually Impaired
 and the
Rhode Island Lions Sight Foundation



Winter Camp Mauchatea 2011

Child's Name _____ DOB _____ Age _____

Parent's Name _____

Address _____

Telephone Mother/Work _____ Father/Work _____
 /Cell _____ /Cell _____

Other emergency contact _____ Telephone _____

Health Information and Medical Background

Child is: _____ totally blind _____ legally blind _____ visually impaired

Check either Yes or NO. If Yes is checked, give approximate dates, method of treatment, and/or any restrictions on child's activity.

Does your child have:

| | | |
|----------------------|----------|-----------|
| Convulsions/Epilepsy | _____ No | _____ Yes |
| Diabetes | _____ | _____ |
| Ear Infections | _____ | _____ |
| Asthma | _____ | _____ |
| Hearing Impaired | _____ | _____ |
| Heart Condition | _____ | _____ |
| Bed Wetting | _____ | _____ |
| Emotional Problems | _____ | _____ |
| Behavioral Problems | _____ | _____ |
| Learning Disability | _____ | _____ |
| Other (List _____) | | |

Does your child have any allergic reaction to:

| | | |
|---------------|----------|-----------|
| Bee Stings | _____ No | _____ Yes |
| Medications | | |
| (List _____) | | |
| Food or Drink | | |
| (List _____) | | |
| Other _____ | | |

Has your child had a tetanus booster? _____No _____Yes

Will your child be taking medication to camp? _____No _____Yes

If yes, please specify:

Does child have any special fears, restrictions or problems?

Name of Health Insurer:

Policy Number:

Medical Treatment Consent and Release of Liability

I give permission for my child to attend Camp Mauchatea to secure medical treatment for my child in the event of illness or accident. I understand that every effort will be made to contact me before treatment is given.

On behalf of my child _____ I hereby release the State of Rhode Island, Rhode Island Services for the Blind and Visually Impaired and its employees, and the Rhode Island Lions Sight Foundation from all liability for injury or illness while attending Camp Mauchatea during the period of February 21, 2011 through February 22, 2011.

Parent or guardian signature

Date

In order to guarantee a spot, please return application

BY FEBRUARY 14:

**RI Services for the Blind and Visually Impaired
C/o Linda Hughes
40 Fountain Street, 3rd Floor
Providence, R.I. 02903**