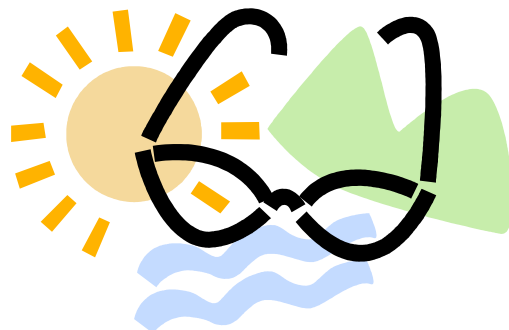


**Registration Packet**

**For**

**Sizzlin' Summer Camp**

**June 21-24, 2018**



**Sponsored By:**

**Nebraska Center for the Education of Children  
Who Are Blind or Visually Impaired  
(NCECBVI)**



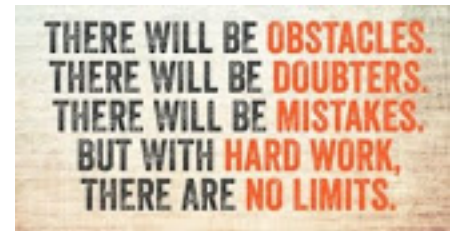
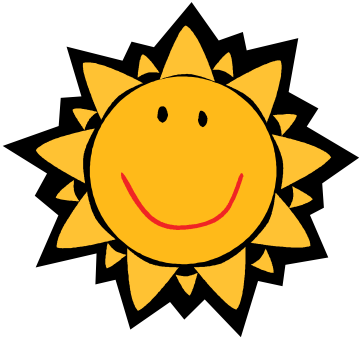
**At**

**NCECBVI**

**Nebraska City, NE**

**REGISTRATION DEADLINE: MAY 11, 2018**





**Mark Your Calendar!  
Sizzlin' Summer Camp  
June 21-24, 2018  
Camp Catron  
Nebraska City, NE**

All school-aged students with visual impairments are welcome to attend. Students will participate in instructional lessons, enjoy the great outdoors, and partake in summer fun activities. This year's summer camp theme will be "No Limits" because truly the only limits in life are the ones you make...but with hard work, there are no limits.

**Specific arrival and departure times still to be determined...**

Students will return to Catron Camp & Retreat Center again this year. Camp Catron can be discovered along the crystal-clear waters of Walnut Creek and near the apple orchards of historic Nebraska City. This awesome camp has a spacious lodge, craft/nature center, modern shower houses/shelters, and dynamic low and high challenge courses with a Zip Line, Giant Swing, and Flying Squirrel.

***Registration forms will be available March 1st on the  
NCECBVI website at [www.ncecbvi.org](http://www.ncecbvi.org)***

**Space is limited to 20 children. A waiting list will be created if more than 20 students register. If your student is registered but has to cancel, please contact NCECBVI ASAP so the next student on the waiting list can attend.**



**Sizzlin' Summer Camp**  
2018 Registration Form



**PERSONAL INFORMATION:**

Name of Child: \_\_\_\_\_

Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School District: \_\_\_\_\_

Parent: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Dad's Cell Phone Number: \_\_\_\_\_ Mom's Cell Phone Number \_\_\_\_\_

Email: \_\_\_\_\_

Other emergency contact (in case we cannot get ahold of mom or dad):

Name	Relationship to child	Phone Number
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Name	Relationship to child	Phone Number
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Diagnosis of eye condition as reported by an optometrist or ophthalmologist: \_\_\_\_\_

Name of Vision Teacher: \_\_\_\_\_

**T-SHIRT SIZE:** \_\_\_\_\_ **Size** \_\_\_\_\_ **Other** \_\_\_\_\_

**GENERAL INFORMATION:**

**Language** spoken by the **student** most of the time: English \_\_\_\_\_ Spanish \_\_\_\_\_

Sign Language/Interpreter \_\_\_\_\_ Other: \_\_\_\_\_

**Low vision aids currently used:**

telescope \_\_\_\_\_ glasses/contacts \_\_\_\_\_ magnifier \_\_\_\_\_

sunglasses \_\_\_\_\_ computer \_\_\_\_\_ CCTV \_\_\_\_\_

**Primary Learning Media:**

\_\_\_\_\_ Large Print    \_\_\_\_\_ Regular Print    \_\_\_\_\_ Braille

**Travel (check all that apply):**

_____ Walks normally	_____ Travels independently
_____ Walks unaided, but with difficulty	_____ Uses cane
_____ Requires physical support	_____ Uses adaptive mobility device
_____ Climbs stairs independently	_____ Cannot climb stairs, even w/assistance
_____ Uses wheelchair _____aided    _____unaided	_____ Uses orthopedic device (e.g., braces, walker, crutches, support canes)

**Check present conditions that apply:**

_____ Uses g-tube feeding	_____ Has Eye Prosthesis (R, L, Both)
_____ Diabetes	_____ Uses hearing aids (R, L, Both)
_____ Detached Retina	_____ Shunt
_____ History of Seizures	_____ Other _____
_____ Other _____	_____ Other _____

Comments: \_\_\_\_\_

**Self-care skills:**

**Eating:**    \_\_\_\_\_ Needs no assistance  
                  \_\_\_\_\_ Needs some help from another person, such as: \_\_\_\_\_  
                  \_\_\_\_\_

**Toileting:**

\_\_\_\_\_ Needs no assistance/toilets independently  
\_\_\_\_\_ Schedule trained  
\_\_\_\_\_ Needs some help from another person, such as: \_\_\_\_\_  
                  \_\_\_\_\_  
\_\_\_\_\_ Needs considerable help, such as: \_\_\_\_\_  
                  \_\_\_\_\_

**Behavior:**

Please describe in detail any behavior issues, even if they do not happen all the time at home. (i.e., What might these behaviors look like? What might cause them? What seems to help in those situations?)

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**Disability Diagnosis:** (Please mark "P" for primary; "S" for secondary.)

- AU (Autism)
- BD (Behavioral Disorder)
- HI (Hearing Impaired)
- DB (Deaf/Blindness)**
- MH:Mi (Mental Handicap: Mild)
- MH:Mo (Mental Handicap: Moderate)
- MH: Sp (Mental Handicap: Severe/Profound)
- MD (Multiple Disabilities)
- S-LI (Speech-Language Impairments)

**VI (Visual Impairments)**

- Blind**
- Legally Blind**
- Partially Sighted**
- OHI (Other Health Impairments)
- OI (Orthopedic Impairments)
- SLD (Specific Learning Disabilities)
- TBI (Traumatic Brain Injury)

**Medications and Medical Information:**

1. List any medications, dosages, and times your child will to be taking while at NCECBVI. This includes both non-prescription and prescription drugs. **You must have all medications in original/prescription containers.**

2. Describe any/all allergies (such as food, insects, allergic reactions, etc):

3. Does your child require specific medication devices, inhalers, or other? If so, please list.

4. Does your child have any special dietary needs? If yes, please specify your preference for meals. Will you be bringing food? Would you like to see menus for the week?

5. List any other pertinent health information about your child that would help us better take care of his/her health needs.

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**Nebraska Center for The Education of Children who  
are Blind or Visually Impaired  
List of Medications Available**

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

Yes	No	Medication	Usage
		Acetaminophen (Tylenol)	Non-Aspirin product for general pain, headaches, fever, muscle aches
		Sudafed	Relief of nasal congestion, hay fever, sinusitis (non-sedating)
		Robitussin DM	Relief of cough
		Benadryl	Antihistamine & Allergic reaction; especially for bee/wasp stings
		Hypo Tears	Lubricating eye drops for dry itchy eyes
		Antacids	Stomach ache; indigestion
		Antibiotic Ointment	Cuts, scrapes, abrasions
		Hydrocortisone Cream	Temporary relief of minor skin irritations, itching, and rashes due to eczema, dermatitis, poison ivy, oak, sumac, insect bites

**Yes, I give NCECBVI staff permission** to administer medications listed above as deemed necessary to maintain his/her health status.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Yes, I give permission** for assigned NCECBVI staff to dispense prescription drugs needed by my child. These medications, both prescription and nonprescription must be in the original/prescription container with dosages indicated. Staff will be responsible for monitoring to insure the exact dosages are administered at the proper times. All medication is kept in a secured area. Beyond this, NCECBVI staff assumes no responsibility concerning my child's medication.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



**Authorization for Consent for Emergency Treatment**

I, the undersigned, do hereby authorize NCECBVI to take whatever action is deemed necessary in their judgment for the health/welfare of my child in the event that I or other listed emergency contacts cannot be contacted in person or by phone.

If it is necessary for my child to be treated at the hospital, I give permission for treatment, and authorize NCECBVI staff to sign necessary papers. I authorize the hospital to release medication records necessary to receive payment for services from my insurance company and/or Medicaid. I agree to be responsible for any services not covered by insurance and/or Medicaid.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

**Parent Permission Form:  
Media Release  
Photographs/Identifiable Information**

Child's Name: \_\_\_\_\_

I hereby authorize ESU 4/NCECBVI, with approval of the Campus Administrator, to allow the use of pictures (still, motion, or videotape) and/or voice reproductions or other identifiable information of my child for the purpose of educational projects, public relations, school publicity, and other beneficial endeavors as long as such usage is not for the financial or personal benefit to any individual and/or groups or private company.

\*This includes posting of photos on the NCECBVI Facebook page and sending press release/photos to newspapers in a variety of communities.

Please check one:    \_\_\_ Yes                    \_\_\_ No

If you have any concerns, please list:

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please email, fax or mail registration packet to:**

**NCECBVI  
P.O. Box 129  
Nebraska City, NE 68410  
[sschreiner@esu4.net](mailto:sschreiner@esu4.net)  
(402) 873-3463 (Fax)**

**Following the registration completion, students will receive written confirmation of admittance along with additional requests for information such as medications, media releases, etc. (after May 12<sup>th</sup>). If you register for a camp, but later realize that you are not able to attend, please contact us as soon as possible. Thank you!**

*If you have questions regarding specific needs and/or accommodations, please contact:*

*Sally Schreiner  
NCECBVI Administrator  
(402) 873-5513  
sschreiner@esu4.net*

**REGISTRATION DEADLINE: MAY 12, 2017**