



Ohio School for the Deaf

Driver Education Camp

**For Students Who are
Deaf or Hard of Hearing**



June 3 - June 15, 2018

Driver Education for Students Who are Deaf or Hard of Hearing

Two-week Long Summer School for Eligible Ohio Teens

Columbus, OH

The Ohio School for the Deaf in partnership with Advantage Driver Training of Columbus, will offer two weeks of driver education including classroom and behind the wheel instruction, for Ohio high school students 15 ½ to 22 years of age who are deaf or hard of hearing.

The driver education summer school runs June 3 - June 15, 2018. Students must arrive to OSD on June 3 , 2018 for orientation. Students attend driver education at Advantage Driver Training during the daytime and stay in the dorms at OSD during the evening. OSD provides interpreters and other accommodations as requested, during classroom instruction. Additional small group tutoring is provided in the evening at OSD. *Students must arrange for transportation home on Friday, June 8th and back to the camp on Sunday, June 10th.*

Drop off Time for Sundays June 3rd and 10th starts at 5:00 pm

Pick up Time for Fridays June 8th and 15th is 4:00 pm

Space is limited to 15 students.

Registration deadline is *May 15, 2018.*

- Applicants currently holding a temporary permit receive priority registration. Those not holding a temporary permit may attend after open spots have been filled with current permit holders.

For questions, contact us by email heine@osd.oh.gov or (614) 678-5467 vp



School for the Deaf

John R. Kasich, Governor
Paolo DeMaria, Superintendent of Public Instruction

Application Form 2018 Driver Education School – June 3 – 15, 2018 Student Information

Student's Name: _____ M: ____ F: ____

Student's Date of Birth: _____ Student's Upcoming Grade: _____

Student's High School: _____

District/County of Residence: _____

Reading Grade Level: _____ Math Grade Level _____

Student's primary communication method: oral ____ signing and talking ____ ASL ____

Temporary Permit Date Issued: _____ Vision needs: _____

Parents' Names: _____

Legal Guardian's Name (if not the parent): _____

Address: _____

City, State, Zip Code: _____

E-Mail Address: _____ Cell Phone: () _____

Daytime Phone Number: () _____ voice or videophone

Evening Phone Number: () _____ voice or videophone

Other Emergency Contact Information

Name: _____ Cell Phone: () _____

Daytime Phone Number: () _____ voice or videophone

Evening Phone Number: () _____ voice or videophone

Please send us a current copy of ETR and/or IEP with the application.

Application form and fees must be postmarked by May 15, 2018.

- A check or money order of \$390 for student registration fee. **Please make this check payable to Advantage Driver Training.** \$ 125 of this registration fee is non-refundable.
- Mail check (with Driver's Ed in memo line), application form and current ETR/IEP to: Ohio School for the Deaf, c/o Charisse Heine, 500 Morse Rd., Columbus, Ohio 43214.
- **Applicants currently holding a temporary permit receive priority registration.** Those not holding a temporary permit may attend after open spots have been filled with current permit holders.
- Additional questions can be addressed to Charisse Heine at heine@osd.oh.gov or 614-678-5467vp

Student's Name _____

Student's Name _____

Permission Form, Acknowledgements, and Release of Liability Statement:

In the case of accident, injury or illness, I give permission for the Ohio School for the Deaf to give first aid and get medical treatment necessary for my child. This permission includes the weeks of Driver Education School and travel involved for activities. I will pay any cost for treatment for my child. I will not hold the Ohio School for the Deaf or its representatives responsible for the cost of treatment. I also agree that the OSD staff and volunteers will not be held liable for any injuries my child gets while participating in activities. OSD is not responsible for lost, stolen, or damaged property. I also give permission for my child to participate in recreation activities and scheduled field trips. My child may be photographed and videotaped during School sessions for public relations or promotional purposes.

- I will make arrangements to pick up my student on Friday, June 8th at 4pm and return him/her to OSD for the remainder of his/her training on Sunday, June 10th at 5pm. I will make arrangements to pick up my student on Friday, June 15th at 4pm.
- I understand that if my child does not earn a temporary drivers permit license in time to complete all 8 required behind-the-wheel hours, I will need to make arrangements with Advantage Driver Training to complete those hours after Driver Education School is over, which can occur on a weekend or later in the summer.

Parent's Signature: _____

Parent's Printed Name: _____ Date: _____

Student Driver Agreement:

1. I agree to pay attention during in class instruction periods; I understand that I will be IN SCHOOL for two weeks this summer.
2. I agree to study and pay attention during tutoring periods.
3. I understand that there is **no cell phone or text phone use during class or tutoring**. Staff will hold the phone until dinner time that day if this is violated.
4. I understand that my parent will be contacted to pick me up if my behavior becomes disruptive. My parents will not get their money back if I am expelled.
5. Illegal drugs, alcohol, theft, bullying (directly or through social media) or sexual behavior is not allowed at OSD.
6. I will wear athletic shoes when I am driving the car. Flip flops or sandals are allowed only after school is done.
7. I will cooperate with the school staff.

Student's Signature: _____

Student's Printed Name: _____ Date: _____

Student's Name _____

Student's Name _____

THE OHIO SCHOOL FOR THE DEAF - *Student Health Services*

500 Morse Road, Columbus, Ohio 43214

(614) 728-4067 voice

Video Phone 614-678-5400

Cell or Text 614-598-1429

Dear Parent,

Your child will be participating in the OSD Driver's Education summer program. In the event that your child is not feeling well, we ask that you give permission for one of the nurses or non-medical chaperones to give the following medication as needed. Please check the box indicating the medications and conditions that may be administered to your child (most of these medications will be in generic form):

- Two 325 mg Tylenol for a headache
- 400 mg of Motrin for physical pain, such as muscle soreness or a bruise
- 30 cc of Pepto-Bismol for nausea/vomiting or upset stomach
- Two Sudafed tablets for nasal congestion
- One Actifed tablet for stuffy nose
- Two teaspoons of cough syrup or a couple of cough drops
- Cepastat lozenges for a sore throat
- 1 or 2 Tums chewable for heartburn or indigestion

None of these medications except the throat lozenges and Tums will be given more than every 4 hours.

Any other medication that you wish your child to take must be sent with your child. All medication must be in the original container. Any prescription medications must be in a prescription bottle appropriately labeled with the child's name, drug, dose, times of administration, expiration date, doctor prescribing the medication, and pharmacy where obtained. If the medication has been changed from what the bottle dictates, we must have the new information in writing from the physician.

All medication, both other-the-counter and prescription, will be kept in the Student Health Services. The nurse on duty will regulate all administration. If your child uses an inhaler, epi-pen, or other medication that is to be kept by the student, we must have your signed permission.

You will be notified of any illness or injury. If your child is at an activity where a school nurse is present, we will have that nurse assess the child and recommend treatment.

If you have any questions, concerns, or restrictions, please notify us as soon as possible.

Sincerely,

Dawn Henslee, RN
SHS Nursing Director

PARENT SIGNATURE _____ DATE _____

CAMPER'S NAME _____

Student's Name _____

Medical Information Sheet 2018 Driver's Ed Summer School

Student's Name: _____ M ___ F ___

Student's Date of Birth: _____

Parents' Names: _____

Legal Guardian's Name (if not the parent): _____

Address of Parent/Guardian: _____

City, State, Zip Code: _____

Daytime Phone Number: () _____

Evening Phone Number: () _____

Emergency Contact Person: _____

Phone Number: () _____

Allergies: List all allergies including those due to environment, food, and medications along with the reaction possible:

Dietary Restrictions:

Medical Conditions*:

*** Please describe the camper's medical condition(s) including any triggers that cause the medical condition(s) to occur and response procedures.**

Student's Name _____

Medications: List all medications child is currently taking. *Medications must arrive with the student, in the original bottle, with current dosage instructions or the student will not be accepted at camp.*

NOTE: Only nursing staff is allowed to store and dispense medications. Students are not permitted to keep any medications, including over-the-counter medications, in the dormitory.

Medication Name	Dose	Frequency	Time of Day

Student's Name: _____

I give permission for OSD to administer the medications listed above to my child according to the dosage and schedule as listed during Driver Education week. During off campus field trips, I understand that the School Nurse will prepare medications for OSD staff to administer to my child at the appropriate time and that staff will be appropriately trained to do so. In the event that my child becomes ill I understand I will be contacted by the nurse and required to come pick up my child.

In case of a medical emergency, I understand that every effort will be made to contact parents/guardians of campers. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director/School Nurse to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child.

My insurance carrier and policy numbers are provided below.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____

Health or Medical Card Insurance Information:

Insurance Carrier: _____

Name of Insured: _____ Policy Number: _____

Please see and sign the enclosed letter regarding over-the-counter medications OSD can provide. Call the OSD nurse if you have questions at 614 728 4067 Voice or 614-678-5400 Video Phone.

Parents must bring this form to the Driver Education Summer School