



Oregon

Kate Brown, Governor



OREGON
DEPARTMENT OF
EDUCATION

Oregon achieves . . . together!

Colt Gill

Acting Deputy Superintendent of Public Instruction

February 23 2018

We are so excited to be hosting the fabulous 4-day extravaganza for Middle School Deaf and Hard of Hearing students from all over Oregon!

This year we have a theme of Liberty, Independence, Freedom and Equality – we will be teaching the students some great life skills and elements of leadership.

Once again, we have invited some amazing Deaf adults from around the state to contribute to our conference with their experience, expertise and enthusiasm!

We will be swimming, playing hard, and sleeping in the dorms, so please bring appropriate clothing and bedding for our various activities. We hope you will benefit greatly from this conference at Oregon School for the Deaf. We will have voice interpreting for most of the workshops, so please do not worry about your signing skills. We are looking forward to meeting you and offering you a wonderful event to talk about forever after!

See you April 17th, in the Panther Den at 6pm for registration and then 7pm for our opening party!

Warmly,

Sharla Jones, PhD

Director

503-378-3825 voice


503-400-6161 VP



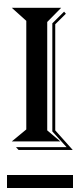
Oregon School for the Deaf

Proudly Hosts

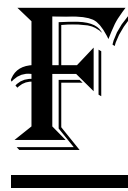
Middle School Leadership Conference



LIBERTY



INDEPENDENCE



FREEDOM



EQUALITY

When: April 17-20, 2018

For Who?: All Deaf and Hard of Hearing Middle School students (11 – 15 years old) in the state of Oregon are invited

Where: Oregon School for the Deaf

999 Locust St NE, Salem, Oregon 97301

For more information regarding registration, please contact Karen Trowbridge at 503-378-3827/V or 503-400-6165/VP or e-mail:

karen.trowbridge@osd.k12.or.us



Oregon School for the Deaf
Middle School Leadership Conference
April 17-20, 2018
Registration Form

(Please Print Clearly)

Student Name _____ Age _____ Male ___ Female ___

Address _____

City _____ State _____ Zip _____

Name of School Attending _____ *Grade _____

Birthdate _____ *Please Check One: Signing ___ Oral ___ (Oral interpreters will be provided)

Parents/Guardian _____

Parent's Home Phone (____) _____ Voice ___ Text Only ___ Voice/Text ___

Work Phone (____) _____ Video Phone (____) _____

Email _____

Emergency Contact

(Please indicate adults whom we should contact in an emergency, if we cannot reach you)

Name _____ Relationship _____

Address _____ City _____ State ___ Zip _____

Work Phone

Day Phone

Evening Phone

Does your child have any special needs or conditions? If so, please explain:

Permissions for LIFE activities

- I give permission for my child's photograph/video to be used for any promotional activity.
- I give permission for my child to stay in a same-gender dormitory on the OSD Campus.
- I give permission for my child to swim at the pool located on the OSD campus.
- I give permission for my child to make any and all trips included in the planned program.
- Transportation may be provided at the discretion of OSD in such form as approved by the Director of OSD.

Parent(s) or Guardian(s) Signature

Date

My child's t-shirt size is: (circle one)

Adult Small Adult Medium Adult Large Adult X-Large

Pick up for my child on Friday April 20st at 12:50pm will be:

Please send your registration no later than April 9TH to ensure the correct size of t-shirt for your student:

Oregon School for the Deaf
999 Locust St NE
Salem OR 97301
Attn: Karen Trowbridge
Middle School Leadership Conference Registration
Karen.trowbridge@osd.k12.or.us
503-378-3827/V
503-400-6165/VP
Fax: 503-378-4701

If you send any medications with your child, the meds must be in the original container and given to the nurse on registration night.

WHAT TO BRING

Items to bring from home are:

- Sleeping bag
- Pillow
- Toiletries
- Towel
- Pajamas
- Athletic clothing – we will have some physical activities
- Jacket and/or umbrella – for rain
- Swimming clothes – we will be using the pool on campus
- A change of clothes that can get dirty

Oregon School for the Deaf will not be responsible for any electronic device that your child brings to our campus.

Schedule:

Tuesday, April 17th 6:00pm

- * Arrival and Check-in at the Panther Den
- * Icebreaker Party – Student Union

Wednesday, April 18th :

- * Workshops and Activities during the day

Thursday, April 19th :

- * Workshops and Activities during the day
- * Physical Activity -

Friday, April 20th

- * Wrap-up party and video of clips from workshops
- * Depart at **12:50pm** – School Dismissal

Workshop topics include:

Independent Living; Presentation by a deaf Olympian; Poetry (ASL and English); Team Building; Panther News; PE/Physical Activity

OVER THE COUNTER MEDICATIONS

In order to provide for the comfort and care of your student while at OSD our nurse may suggest the use of a common over the counter medication. OSD nurses need your signed permission before giving any medication. Below is a list of common OTC medication and reason the medication would be used. Please initial beside **each** medication you give permission for your student to take. Please cross out any medication you do not want your child to take. Dosage will be according to label guidelines by the age and / or weight of your student.

A fin de asegurar la comodidad y el cuidado de su estudiante mientras en OSD nuestra enfermera puede sugerir el uso de medicación común. Las enfermeras de OSD necesitan su permiso firmado antes de dar cualquier medicación. Abajo es una lista de medicaciones comunes y razones por la cual la medicación sería usada. Por favor firme con sus iniciales al lado si usted da permiso para el uso de **cada una** de estas medicaciones. Cruce las medicinas que no quiere que le demos a su hijo/a. La dosis será según pautas de etiqueta por la edad y / o el peso de su estudiante.

Analgesic/Pain Reliever/ Fever Reducer

Acetaminophen(Tylenol)

Ibuprofen (Advil, Motrin)

Ointment for itchy, irritated skin

Sun screen(SPF15 or above)

Non scented lotion

Hydrocortisone cream

Cold and cough

Guaifenesin (Robitussin)

Cough drops or throat lozenges

Antacid (Tums)

*for students age 12 or above

Lip balm or petroleum jelly(Vaseline)

Antibiotic ointment/cuts or scrapes

Analgésico /Aliviador de Dolor/Reducidor de Fiebre

Acetaminofeno (Tylenol)

Ibuprofeno (Advil, Motrin)

Pomada para comezón, Piel irritada

Bloqueador del sol (SPF15 o mas)

loción sin olor

Crema de hidrocortisona

Resfriado y tos

Guaifenesina (Robitussin)

Pastillas para la tos o pastillas de garganta

Antiácidos (Tums)

*Para estudiantes de 12 años o mas

Bálsamo para labios o jalea de petróleo (Vaselina)

Pomada de antibiótico /cortes o raspados

Parent Signature: _____ Date: _____

Student Name/Nombre de estudiante: _____ Date of Birth/Fecha de Nacimiento: _____

Oregon School for the Deaf

Student Health Services

Phone: (503) 378-3861

Vp: (503) 400-6147

Fax: (503) 378-8352

LIFE HEALTH HISTORY

DATE: _____

Please complete this form

STUDENT'S NAME: _____ Date of Birth _____ Grade: _____

Name of health care provider: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Allergies: _____ No known allergies _____ Food _____ Medicine _____ Environmental

My child is allergic to _____

The reaction is _____ mild _____ Moderate _____ Severe

_____ Anaphylactic (severe, life threatening reaction, symptoms may include tightness of throat or chest breathing difficulties, swelling of the lips, throat, or eyes, color changes in the nails, lips, or skin, severe abdominal cramps or vomiting, seizures or loss of consciousness) _____

Medication & Immunization:

Are your child's immunizations up to date? _____ Yes _____ No

For the health and safety of our OSD students, Student Health Services may require certain medications in order for your child to attend school. Examples of these medications include emergency inhalers, epinephrine (epi-pens), glucagon, emergency seizure medication, and medications for vital organ functions.

Does your child take medication? _____ Yes _____ No

If yes, name of medications:

Will your child be taking medication at school? _____ Yes _____ No

If your child will be taking medication at school, you will need to speak to the nursing staff to fill out necessary authorization forms. Forms need to be completed prior to any medication being brought to school. Students aren't allowed to keep medications in their possession.

Has your child been in good health the past year? Yes _____ No _____ if no, please explain

Has a health care professional diagnosed your child with?

• Asthma (fill out care plan)			• Learning disabilities		
• Bleeding disorder			• Physical disability		
• Bone/muscle disease			• Seizure disorder (care plan)		
• Diabetes (fill out care plan)			• Skin condition		
• Heart condition			• Vision Problems		
• High blood pressure			• other		

Please explain "yes" answers below and fill out care plans, if required _____

Has your child been treated for or recently experienced:

	Yes	No		Yes	No		Yes	No
ADD / ADHD			Hospitalization			Problems in school		
Behavior difficulties			Illness in the family			Recent head injury		
Broken bone			Incontinence			Recent Move		
Death of a loved one			Maturity issues			Serious injury/accident		
Family changes			Mobility issues			Sleeping problems		
Eating disorder			Nose bleeds			Stomach problems		
Emotional difficulties			Operation			Substance abuse		
History of abuse			Over/under weight			Tires easily		

Please explain "yes" answers below

Does your child wear glasses, contacts, hearing aids, cochlear implant, or use a wheelchair, walker or other mobility devices? ___ Yes ___ No When or under what circumstances should these be used?

Is there anything else we should know about your child?

Please check the following, so we may respect your wishes:

___ This information may be shared with school staff that needs to know.

___ This information may not be shared with school staff without consulting me first about each aspect.

Emergency information:

Does your child have health insurance ___ Yes ___ No

Company _____ Group number _____

Personal ID number _____

If parent/guardian unavailable:

Home _____ Work/hours _____ Cell _____

MEDICATION THAT NEEDS TO BE TAKEN DURING LIFE CONFERENCE

Name of Student _____ Date of Birth _____

Name of medication (one medication per form) _____

Dose (how much) _____ for how long (not to exceed the school year) _____

Scheduled time (s) _____am/pm _____am/pm _____am/pm

What is the medication for? _____

If medication is 'as needed': Specific reason (for example "toothache")

_____ *How often? Every _____ hours*

Route (how taken) circle one: Mouth Eye Ear Nose Skin Other: _____

Any special instructions?

Possible side effects and actions to be taken? _____

I request this medication be given to my student named above and agree to:

- Inform staff if medication is being sent with my student in order to assure safety of all students
- Send medication in the original labeled container
- Non prescription medications are commercially prepared, non alcohol-based and limited to eye, nose and cough drops, cough suppressants, analgesics, decongestants, antihistamines, topical antibiotics, anti-inflammatories and antacids that do not require written or oral instructions from a physician
- Nursing staff will only give medications according to written prescription or manufactures labeling
- Allow OSD nursing staff to communicate with prescribing provider of this medication.
- Students found in possession of medication without proper documentation will be subject to disciplinary action.

Parent signature _____ Date _____

Self-Administration Request:

For a student to self-administer medication the student must demonstrate the ability developmentally and behaviorally to self-medicate and keep the medication in a secure place not accessible to other students. Please contact OSD Student Health Services if you wish to make this request or have any questions please feel free to call us at (503)378-3861/V OR 503-400-6147/VP. – e-mail: osd.health@osd.k12.or.us

OSD

Welcome to our Residential Halls

The Residential Halls expect all students to demonstrate positive, appropriate behavior throughout the Middle School Leadership Conference.

Each student is responsible for his/her actions

Students will:

- Be respectful of others and of OSD property.
- Follow the directions of OSD Staff while participating in activities.
- Use respectful language at all times.
- Students will get permission before using the kitchen.
- Eat food only in the kitchen and clean up those tables after each use. No food allowed in the bedrooms.

The following behaviors are prohibited:

- * Stealing or destruction of property
- * Illegal or abusive behavior (fights, threats, harassment)

If a student breaks the rules listed above, OSD Staff and Conference Leaders will determine the consequences. These may include:

- ✓ A warning.
- ✓ Denial of the privilege to participate in any MSLC activities.
- ✓ Any serious behaviors will be reported to Bo Edmunson, Dean of Student Life.
- ✓ Being sent home. The student's parents will be responsible for the expense.

Thank you for your cooperation.

Hope you have a great time at the Middle School Leadership Conference LIFE!

I understand the rules for staying at OSD Dormitories

Signature of Student

Signature of Parent