

**BRaille IMMERSION WEEKEND WORKSHOPS  
STUDENT REGISTRATION FORM**

**Please complete this student registration form for the BEST Braille Immersion Weekend Workshops if you wish to have your child participate in this program.**

**I. STUDENT INFORMATION:**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Current Grade Level of Student \_\_\_\_\_

Current District of Attendance \_\_\_\_\_

Current School of Attendance \_\_\_\_\_

**II. HEALTH INFORMATION**

Allergies (including reactions to specific foods) \_\_\_\_\_

Special Needs (if any) \_\_\_\_\_

**III. MEDICATION INFORMATION**

No nursing staff will be available during the Braille Immersion Weekend Workshops. Therefore, should your child require any medications, please make arrangements to administer them at home.

**Part I**

**CONSENT FOR EMERGENCY TREATMENT**

In the event of emergency and reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Guardian)

**Part II**

**REFUSAL TO CONSENT**

I **do not give consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_

**Please return registration and emergency treatment forms to:**

**Ohio State School for the Blind  
Cynthia Johnson, Superintendent  
5220 N. High Street  
Columbus, Ohio 43214  
(614)752-1152**