In order to complete your application, the following forms must be completed and returned to our offices, no later than Monday, June 14, 2021. (scroll down for forms)

- Application
- Emergency Medical Form
- Release of Information
- Sign and date Policy and Procedures Form (located in back of handbook)

*Remember your camper will not be registered until all forms are completed. Camp slots are filled on a first-come, first-served basis, determined by when all forms are received.

Mail all applications to:

Montgomery County Residents
Andrea Harker
MCBDDS
8114 North Main Street
Dayton, OH 45417
Phone: (937) 329-4723
Email: aharker@mcbdds.org
Fax: (937) 890-7456 Attn: Andrea Harker

Provided by:

[Board of Developmental Disabilities Services] [EMPLOYMENT FIRST]
Part 1: Camper Information

First name: ___________________________ Last name: ___________________________
Gender (circle): M       F

Current Age: _______ Date of Birth: ___________ (MM/DD/YYYY)

School: ______________________________________________________________
Grade: _______

Teacher (Responsible for IEP): _________________________________________________________________

Is the student connected with Montgomery County DD services?    Yes       No

Would you like more information about eligibility?    Yes      No

Is the student connected with Opportunities for Ohioans with Disabilities (OOD)?    Yes    No

Name of OOD counselor? ___________________________________

Does the student have any paid employment or volunteer experience?    Yes    No     If yes, please list below:

Paid employment: ___________________________________________________________________________
Volunteer: _________________________________________________________________________________

Part 2 - Guardian Information

First name: ____________________________ Last name: ____________________________

Relationship to Camper: _________________________

Cell phone: _____________________________ Other Phone: _____________________________

Address: _____________________________________________________ Apt.: ________________________

City: ___________________________ State: ________ Zip: _________

Email address: ______________________________________________________________________________

Second Guardian (Optional)

First name: _________________________ Last name: _________________________

Relationship to Camper: _________________________

Cell phone: _____________________________ Other Phone: _____________________________

Address: _____________________________________________________ Apt.: ________________________

City: ___________________________ State: ________ Zip: _________

Email address: ______________________________________________________________________________

Part 3: Career Exploration

Dates of Career Exploration:

June 21-25 _______ July 12-16 _______ July 19-23 _______ July 26-30 _______
Montgomery County Boards of DD Boot Camp Emergency Medical Form

Name: 
Address: 
City: State: Zip: Phone: DOB: 
School District/School Attending: Teacher: 

Guardian: ☐ No ☐ Yes Guardian Name: __________________________ Phone: __________________________

☐ I give consent for: ☐ I do not give consent for: 
1. Transfer to the most accessible hospital, if needed. Hospital of preference: 
2. Emergency medical treatment, as needed, by a licensed physician or dentist, and in the event emergency treatment is necessary, please contact: (Must list two contacts)

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>HOME PHONE#</th>
<th>CELL PHONE#</th>
<th>WORK PHONE#</th>
</tr>
</thead>
</table>

MEDICAL TREATMENT INFORMATION
Name: 
Primary Physician: 
Dentist: 
Other: 
Insurance Provider: Policy Number:

Sensitivity to heat/cold or other weather conditions ☐ Yes ☐ No (If yes, explain): 

ALLERGIES (include allergies to medications): 

CURRENT MEDICATIONS: 

Medical condition, disability or physical impairments (diabetes, heart disease, seizures, vision impairment, hearing impairment, etc.): 

Additional Information - Is assistance needed for hygiene or health needs? Please explain.

COMMUNICATION: ☐ Verbal ☐ Non-Verbal ☐ Uses Sign Language ☐ Uses Gestures
☐ Other communication devices

MOBILITY: ☐ Without assistance ☐ With assistance ☐ With walker or cane
☐ Uses wheelchair ☐ Uses wheelchair on outings

BEHAVIOR SUPPORT PLAN: ☐ Yes- attach BSP ☐ No

BEHAVIORAL CONCERNS: 

DIETARY INFORMATION/MEALTIME EQUIPMENT: 

EVACUATION CONCERNS: 

SELF CARE: 

Signature of Person Completing Form __________________________ Relationship __________________________ Date __________________________

Signature of Guardian or Individual __________________________ Date __________________________
Consent for Publication of Personally Identifiable Information

As part of its advocacy efforts on behalf of people with developmental disabilities, the Montgomery County Board of Developmental Disabilities Services (MCBDDS) seeks to provide information to the public through various programs and activities, events, facilities, staff, and the individuals and families it serves.

Before personally identifiable information is shared, individuals (or their legal guardians) must consent to the release of said information, which may include – but is not limited to – their name, likeness, voice, work, personal or background information and achievements.

This consent form releases MCBDDS from any liability associated with violation of privacy, confidentiality, personal or property rights that individuals or their guardians have in connection with such materials. Consent also affirms that individuals or their guardians a) waive any right to approve said materials, and b) understand that their participation is voluntary, and will not lead to financial compensation of any type.

The Montgomery County Board of Developmental Disabilities Services has my permission to use my/my child’s name, likeness, voice, work, personal or background information and achievements for community awareness, news or promotional purposes. I understand that publication may encompass presentations as well as print and electronic vehicles, including websites, videos, news outlets, social media sites, and more.

In granting this consent, I release and hold harmless the Montgomery County Board of Developmental Disabilities Services, its agents and successors, from liability or harm that may result from the publication of such materials.

I understand that this authorization may be revoked or cancelled at any time (except to the extent that action has been taken in reliance on it) by notifying, in writing, the MCBDDS Communications Department at 25 Thorpe Drive, Dayton, OH 45420 or via e-mail at communityrelations@mcbdds.org.

Printed name of individual who is the subject of the release: __________________________________________

Individual Consent

☐ I GIVE CONSENT
I am of full age and am my own guardian. I have read this release or had it explained to me, understand its contents, and agree to allow MCBDDS to publish my personally identifiable information for a period of five years from the date specified below.

________________________________________ ________________
Signature of Individual Date

Guardian Consent

☐ I GIVE CONSENT
I am the parent and/or legal guardian of the person or minor named above, and have the legal authority to execute the above release. I have read this release or had it explained to me, understand its contents, and agree to allow MCBDDS to publish the personally identifiable information for a period of five years from the date specified below.

________________________________________ ________________
Signature of Parent or Legal Guardian Date

ver 3/2021