



## VERMONT ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED

HELPING ACHIEVE INDEPENDENCE IN A VISUAL WORLD SINCE 1926

### VABVI Camp Application & Medical Form 2025

- This form serves as both an application form and a medical form.
- There is limited capacity for overnight students and day students.
  - Students will be selected on a first-come, first-served basis.
  - Camp attendance is free

Return this application/medical form via online, email, or USPS by **MAY 16, 2025** to:  
[IRLEcamp@vabvi.org](mailto:IRLEcamp@vabvi.org) or Steph Ferguson VABVI 60 Kimball Ave. South Burlington, VT 05403

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

Visual Impairment: \_\_\_\_\_

School: \_\_\_\_\_

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

Emergency Phone Numbers: \_\_\_\_\_

CHOICE: Overnight camper \_\_\_\_\_ OR Days only camper \_\_\_\_\_

Can your child:

- Dress independently? YES NO
- Eat independently? YES NO
- Travel independently (with or without a cane)? YES NO
- Toilet independently? YES NO
- Follow directions independently? YES NO

Medical Insurance Company: \_\_\_\_\_

Insurance ID: \_\_\_\_\_

Group Number: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_

Name of Practice (if different): \_\_\_\_\_

Physician's Phone number: \_\_\_\_\_

History of Seizures? If so, please explain:  
\_\_\_\_\_

Allergies: \_\_\_\_\_

| Medication Name: | Dose: | Hours Administered: | Purpose of Medication: |
|------------------|-------|---------------------|------------------------|
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**Other pertinent medical or non-medical Information?**

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**A. Informed Consent and Acknowledgement**

I hereby give my approval for my child’s participation in any and all activities prepared during the selected camp. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless, the Vermont Association for the Blind and Visually Impaired (VABVI) and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against VABVI, including all teachers and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

**B. Medical Release and Authorization**

As Parent and/or Guardian of the named participant, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named participant. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending VABVI staff to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to VABVI and its affiliates including Directors, Teachers, and VABVI staff to provide the needed emergency treatment prior to the child’s admission to the medical facility, such as CPR.

Release authorized on the dates and/or duration of the registered camp.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

C. I give VABVI Permission to Photograph and/or Video Record YES or NO

D. I give VABVI Permission to Transport YES or NO

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

**E. Student Code of Conduct**

We're thrilled your child is joining us. We expect you have reviewed the agenda with your child, and we ask that you review the student code of conduct with them too. Occasionally, we have had to send students home because of poor behavior. Please read and have the both of you sign below, to acknowledge the following statements.

AS A CAMPER, I AGREE TO:

- ✓ Cooperate and follow the rules during the camp.
- ✓ Treat the other students fairly and with respect.
- ✓ Not leave my group without permission.
- ✓ Not smoke or consume alcohol.
- ✓ Not to leave my room/cabin after lights out is announced.
- ✓ Be a good sport whether I win or lose.
- ✓ Report poor behavior of others to the camp director or any adult.
- ✓ Respect the personal space of others.
- ✓ Be responsible for keeping track of my own belongings in the camp space and on all trips/outings.
- ✓ If I need a break, I will tell an adult and then tell them I need to go to the designated break-out spot.
- ✓ Ask permission to touch, even if you want to give someone a hug.
- ✓ Use appropriate language, no swearing.
- ✓ One person in the bathroom at one time.
- ✓ You can choose not to participate in an activity, but you must stay with the group.
- ✓ If you decide to exchange cell phone numbers, this should occur at the end of the camp with your parents' permission.

Student's Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_