



Applications and fees **must** be submitted by  
4PM on January 26<sup>th</sup>  
The Arc Mid-South  
3485 Poplar Ave, Suite 210  
Memphis, TN 38111  
or [shawkins@thearcmidsouth.org](mailto:shawkins@thearcmidsouth.org)

*Achieve with us.*

## Disability Day on The Hill

*February 14, 2018*

*For your safety, all questions must be answered in order to attend the event. Personal information is kept confidential. This information is necessary in the event of a medical emergency.*

1. First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

2. Address \_\_\_\_\_

3. Phone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

4. D.O. B \_\_\_\_\_

5. I am a
- Self-advocate/person with a disability
  - Family member of a person with a disability
  - Other (specify)

6. Are you covered by Medical/Health Insurance?  Yes  No

Company number: \_\_\_\_\_

Policy number: \_\_\_\_\_

7. Please list all medications you are taking (including the dosage):

\_\_\_\_\_

8. Please list all allergies (Medication and Others):

\_\_\_\_\_

9. Are you prone to seizures?  Yes  No  
If yes, you **MUST** fill in the following information

Pre-seizure behavior

\_\_\_\_\_

\_\_\_\_\_

Expected seizure behavior

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Post-seizure behavior

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10. Do you use a mobility aide (wheelchair, walker, etc) or require any specific seating accommodations?  Yes  No *If yes, please specify the accommodations needed*

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11. Do you require any other accommodations (e.g., materials in large print or Braille)?  Yes  No *If yes, please specify:*

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12. Is there any other information we need to be aware of in case of a medical emergency?  Yes  No

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13. Please check one

I will be responsible for scheduling my own legislative appointments between the hours of 10am and 2pm.

I would like The Arc to schedule my appointments. *(If you prefer to meet with a particular legislator, please list their name below.)*

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**Emergency Contacts**

Name \_\_\_\_\_

Relationship\_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell \_\_\_\_\_

Name \_\_\_\_\_

Relationship\_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell \_\_\_\_\_

**Waiver of Liability**

Please note that if the individual wishing to participate is a minor or has a conservator, the guardian or conservator must sign the waiver of liability and may be asked to accompany the participant to Nashville.

**I, \_\_\_\_\_ hereby release The Arc Mid-South from liability of any incident which might occur to \_\_\_\_\_ on Wednesday, February 4, 2015 thereby accepting sole liability.**

\_\_\_\_\_  
**(Participant’s signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Parent/Guardian signature)**

\_\_\_\_\_  
**(Date)**