



For people with intellectual
and developmental disabilities

Applications and fees **must** be submitted by
4PM on January 25th
The Arc Mid-South
3485 Poplar Ave, Suite 210
Memphis, TN 38111
or shawkins@thearcmidsouth.org

Achieve with us.

Disability Day on the Hill

February 12, 2019

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

Post-seizure behavior

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*

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

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

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.)*

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 Tuesday, February 12, 2019 thereby accepting sole liability.

(Participant's signature)

(Date)

(Parent/Guardian signature)

(Date)