The Arc Mid-South
For people with intellectual and developmental disabilities

Applications and fees **must** be submitted by
4pm on February 20, 2024.
The Arc Mid-South
3485 Poplar Ave, Suite 210
Memphis, TN 38111
or info@thearcmidsouth.org

Achieve with us.

Disability Day on The Hill

February 28, 2024

For your safety, all questions must be answered 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. Date of Birth: _____
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 aid (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 Wednesday, February 28, 2024, thereby accepting sole liability.

_____ _____

(Participant's signature) **(Date)**

_____ _____

(Parent/Guardian signature) **(Date)**