



*Achieve with us.*

Email: [arcdodge@sbcglobal.net](mailto:arcdodge@sbcglobal.net)  
Website: <http://arcdodgecounty.org>  
Phone- 920-885-6468

*For people with intellectual  
And developmental disabilities*



The goal of The Arc of Dodge County is:

- 1) To promote the general welfare of persons with Intellectual Disabilities.
- 2) To advise and assist families with their needs in the area of Intellectual Disabilities and to co-ordinate their efforts in advocating for their loved one.
- 3) To serve locally for gathering and giving out information regarding persons with Intellectual Disabilities and support services necessary for persons with Intellectual Disabilities.

\*We are a group of family members, individuals and caregivers who have joined together to promote these goals.

\*We sponsor activities throughout the year such as Special Olympics, holiday parties, trips and picnics for people with Intellectual Disabilities.

\*We promote education through our Scholarship program to benefit individuals with Intellectual Disabilities.

\*We encourage all people interested in our programs to come join our organization.

We invite you to attend a monthly meeting on the second Tuesday of each month at The Arc of Dodge County Office, located at the back of Heritage Village Mall, Beaver Dam, at 6:30 PM, September through June.

For more information please contact us at 920-885-6468 and leave a message or by Email [arcdodge@sbcglobal.net](mailto:arcdodge@sbcglobal.net)  
Someone will contact you.

Our membership dues:

\$15.00 per year per person/ family of 3- \$35.00  
which includes a monthly newsletter, 4 free parties.

**Please fill out back side of this sheet→**



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**INFORMED CONSENT FORM**

I, \_\_\_\_\_, hereby give my consent to the use of my name, likeness, story, photographs, filming, or video footage by *The Arc of Dodge County*. I do understand that my story, photograph and/or video footage may be used for promotional materials, included (but not limited to) *The Arc's* publications, website and the news media.

The name I choose to be used by *The Arc of Dodge County* is:

**(Member's Name)**

I hereby waive any and all claims that I might otherwise have for invasion of privacy as well as any and all claims for payments or royalties in connection with the usage of my story, photograph/video footage, and I agree that my consent excludes me of any ownership whatsoever. I also give my consent to use my story, image and likeness in any video and photography footage (e.g. advertisement, documentary footage, commercials, and etc.), as well as in future exhibition functions, and for the release of photographs or videos of myself.

I hereby hold harmless *The Arc of Dodge County* their employees and any agents from any and all claims, liabilities, suits, costs, charges, expenses, and/or damages and fees arising from the aforementioned consent. Consent involves the act of the will, based upon legal rights of the consentor, which requires the individual to be 18 years of age or older. If filming video footage or photography footage of persons under the age of 18 years old a parent and/or guardian must agree with the above statement and sign below.

**Please check the applicable box below:**

I consent to the use of my name, likeness, story, photographs, video or video footage used by *The Arc of Dodge County* as described herein.

I do NOT consent wish to consent to the use of my name, likeness, story, photographs, video or video footage used by *The Arc of Dodge County* as described herein.

\_\_\_\_\_  
**Printed Member's Name**

\_\_\_\_\_  
**Signature and Date**

\_\_\_\_\_  
**Legal Guardian Name/Responsible Person**

\_\_\_\_\_  
**Signature and Date**

\_\_\_\_\_  
**Contact Number**

\_\_\_\_\_

\_\_\_\_\_  
**Address**

**Event/Trips Permission Slip:**

I consent for this individual to attend any of *The Arc of Dodge County* activities/ events /trips.

(Guardian/Responsible party's name)

(Contact Phone number)

\$15 per person/\$35 per family of 3



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**The Arc of Dodge County MEDICAL EMERGENCY INFORMATION**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **E Mail:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_

**Parent or Guardian:** **Relationship:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **E Mail:** \_\_\_\_\_

**Other Emergency Contact:** **Relationship:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **E Mail:** \_\_\_\_\_

**Medical Information:**  
**Doctor:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State / Zip:** \_\_\_\_\_  
**Doctor Phone:** \_\_\_\_\_ **After Hours Phone:** \_\_\_\_\_

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

**Medical Disabilities**  
\_\_\_\_\_

**Medications:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_