

UPLIFT 2008

Camper Registration Form

Session (Circle) (1)6/14-19 (2)6/21-26 (3)6/28-7/3

Youth Group:

Grade (entering):

T-Shirt Size:

Name Last: _____ First: _____ MI: _____ M F DOB: _____ Age: _____

CAMPER'S GENERAL INFORMATION

Home Phone: _____ Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Church: _____

EMERGENCY CONTACT INFORMATION

Mother's Info (or guardian) Name: _____ Home Ph: _____ Cell: _____ Work Ph: _____
Address: _____

Father's Info (or guardian) Name: _____ Home Ph: _____ Cell: _____ Work Ph: _____
Address: _____

Youth Min./ Sponsor Info Name: _____

Emergency Contact (if above are unreachable) Name: _____ Home Ph: _____ Cell: _____
Address: _____ Relation: _____

INSURANCE INFORMATION

Name of Medical Insurance Company: _____ Policy Holder: _____

Policy #: _____ SS# of Policy Holder: _____

SS# of Camper: _____ Holder's Place of Employment: _____ Holder's Wk #: _____

CAMPER'S HEALTH HISTORY

(PLEASE ATTACH ANOTHER SHEET IF YOU NEED MORE SPACE)

Allergies:	Type of Allergy	Date of last reaction	Reaction you had	Usual treatment for a reaction

Immunizations

<input type="checkbox"/> Tetanus	Date: _____	<input type="checkbox"/> Hepat. A/B	Date: _____	<input type="checkbox"/> Meningitis vaccine	Date: _____
<input type="checkbox"/> Chcknpx	Date: _____	<input type="checkbox"/> Influenza	Date: _____	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>	Date: _____

List any medical/psychological/social problems _____ Date of Diagnosis/Onset _____

Recent Surgeries

Type of Surgery	Hospital	Year

Recent (or significant) Hospitalizations or ER visits

Reason for Hospitalization	Hospital	Year

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Youth Group: ( ) / Age: ( ) / DOB: / Middle Initial: / First Name: / Last Name:

| List <u>all</u> meds |                   |                 |                   |
|----------------------|-------------------|-----------------|-------------------|
| Name of Medication   | Strength (Dosage) | Frequency Taken | Reason for taking |
|                      |                   |                 |                   |
|                      |                   |                 |                   |
|                      |                   |                 |                   |
|                      |                   |                 |                   |

The following over-the-counter medications are stocked in the Uplift health station.  
Please circle any meds you **DO NOT** wish your child to receive (if any):

| Pain Relievers                                            | Gastrointestinal Meds      | Allergy/Itch/Cough Meds                          |
|-----------------------------------------------------------|----------------------------|--------------------------------------------------|
| Aleve (Naproxen)                                          | Dulcolax (Bisacodyl)       | Artificial tear eye drops                        |
| Azo (phenazopyridine HCl) – For pain from UTIs            | Gas-X (Simethicone)        | Eye drops (naphazoline HCl, pheniramine maleate) |
| Chloraseptic lozenges/spray (benzocaine, menthol)         | Imodium AD (Loperamide)    | Bendadryl (Pill, liquid, or creme)               |
| Ear ache drops (chamomilla, mercurius, solubilis sulphur) | Mylanta                    | Calamine lotion                                  |
| Excedrin (Tylenol+Caffeine)                               | Pepcid (Famotidine)        | Chigger-Ex                                       |
| Ibuprofen (Motrin, Advil)                                 | Pepto-Bismol               | Claritin (Loratadine)                            |
| Icy-Hot Sport Creme                                       | Tums                       | Hydrocortisone creme                             |
| Midol (Tylenol+caffeine+pyrilanine maleate)               | Topical Wound Ointments    | Pink eye relief drops                            |
| Orajel (benzocaine)                                       | Burn creams, Aloe-vera     | Primatine mist (epinephrine inhaler)             |
| Pamprin (Tylenol+pamabrom+pyrilanine maleate)             | Neosporin                  | Robitussin DM                                    |
| Tylenol (Acetaminophen)                                   | Polysporin                 | Sudafed (Pseudophedrine)                         |
| Feminine Products                                         | Triple-Antibiotic Ointment | Miscellaneous                                    |
| Monistat (Miconazole)                                     |                            | Finger-stick blood sugar test                    |
| Vagisil anti-itch creme                                   |                            | Multivitamin                                     |

Please list any other information that may be helpful to the Uplift medical staff.

### Medical Release Statement

I \_\_\_\_\_ (print name) consent to the above-named student to participate in Harding's Uplift. I further authorize Uplift personnel to sign documents permitting the performance of medical assistance as deemed necessary by legally licensed medical personnel at the time of illness or injury to the above student and will accept the financial responsibility for said medical assistance.

**Signature of parent/guardian:**

**Date:**

Tuition for Uplift is **\$190.00**. The tuition for the six day session includes a **\$90.00 deposit/registration** fee. The \$90.00 deposit is refundable until **May 1, 2008**. After May 1, 2008, the deposit is non-refundable, but it may be transferable in some cases in the event of cancellation for any reason. You are not officially registered for Uplift until your deposit is received and you register online. You must also send this form in. You will be notified within one week of your acceptance into Uplift. Tuition fees include meals, camp/recreation activities, and T-shirt. No extra money is needed except for personal items. **Campers will not be permitted to attend Uplift if both pages of this medical release form are not completed in full.**

I \_\_\_\_\_ (camper's printed name) agree to follow all of the guidelines of Uplift and Harding University and will cooperate and participate in all of its activities. I understand that the dress code policy begins when I leave my home for Uplift, and it ends when I get home.

**Signature of Camper:**

**Date:**