

UPLIFT 2010

Session (Circle) (1)6/12-17 (2)6/19-24 (3)6/26-7/1

Camper Registration Form

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 |
|------------|-----------------|-----------------------|------------------|--------------------------------|
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Immunizations Tetanus Date: Hepat. A/B Date: Meningitis vaccine Date:
 Chcknpx Date: Influenza Date: MMR Measles, Mumps, Rubella 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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Age: ( ) Youth Group: / Middle Initial: / First Name: / Last Name: / DOB: /

| <b>List all meds</b> |                   |                 |                   |
|----------------------|-------------------|-----------------|-------------------|
| 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):**

| <b>Pain Relievers</b>                                     | <b>Gastrointestinal Meds</b>   | <b>Allergy/Itch/Cough Meds</b>                   |
|-----------------------------------------------------------|--------------------------------|--------------------------------------------------|
| 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)               | <b>Topical Wound Ointments</b> | 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)                         |
| <b>Feminine Products</b>                                  | Triple-Antibiotic Ointment     | <b>Miscellaneous</b>                             |
| 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, 2010**. After May 1, 2010, 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:**