	UPLIFT 2015								Session(Circle) (1)6/13-18(2)6/20-25 (3)6/27-7/2							
	Camper Registration Form									Youth Group:						
	Camper Registr				trati					Grade (entering):		T-Shirt Size:				
	Name	Name Last:			Fi	rst:				MI:		□м	🗌 F	DOB:		Age:
	CAMPER'S GENERAL INFORMATION															
Youth Group	Home Phone:					Email Address:										
ר ב	Home	Addr	ess:													
out	City:				State:			1			Church:					
۲ ۲				EMERGENCY CONTACT INFORMATION Name: Home Ph: Cell: Work Ph:												
	Mother's Info (or guardian)		Name:	e: Ho			ome Pn:			Cell:		Work	Ph:			
			Address:	lress:												
Age:	Father's Info		Name:	Name: Home Pt				Cell:			Work	Work Ph:				
	(or gເ	(or guardian)		Address:												
	Youth Spons		-	Name:												
	Emer			Name: Home Ph: Cell:												
Ì	Conta	nct (if	- above	Address: Relation:												
	are unreachable) Address: Relation: INSURANCE INFORMATION															
DOB	Name o	f Medio	cal Ins	urance Compa	ny:	-					y Holder:					
	Policy #:						SS# of Policy Holder:									
	SS# of	Campe	er:		Holder's	Place of E						Hold	er's Wk #:			
Initial:	CAMPER'S HEALTH HISTORY (PLEASE ATTACH ANOTHER SHEET IF YOU NEED MORE SPACE)															
		1	Type of Allergy			Date of last Rea reaction had			eaction you Usual tr			reatment for a reaction				
Middle																
≣	Allergie															
	Allergi															
		⊢														
	Immunizations		🗌 Tetanus	Date:		٦H	lepat. A	/B	Date	:		1eningitis va	accine	Date:		
				Chcknpx	Chcknpx Date:		🗌 Influen:		a Date		:	Ruber	MMR <i>Measles,</i>	Mumps,	Date:	
me	List any medical/psychological/social problems										Date of Diagnosis/Onset					
Z		-	-		-								_			
HIRST Name:																
	Recent Surgeries															
	Type of Surgery								Hospital		Year					
	Recent (or significant) Hospitalizations or ER visits															
	Reason	for Ho	ospitaliz	zation				Hospita		1		Year	Year			
Name:						 										
Na																
Я					~ ~	~ ~ ~ ~	→P	lease g	o to ne	ext pa	ge→	~ ~ ~	~ ~			

Continued from page 1								
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 <u>DO NOT</u> wish your child to receive (if any):							
Pain Relievers	Gastrointestinal Meds	Allergy/Itch/Cough Meds					
Aleve (Naproxen)	Dulcolax (Bisacodyl)	Atificial 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. I also understand that by sending the student to Uplift, I am allowing Uplift to take video and still photographs of the student to use in promotional materials.

Signature of parent/guardian:

Date:

Tuition for Uplift depends on when you register. If you register online and your deposit is postmarked by **April 19, 2015**, you will pay **\$210**. If you register and pay your deposit after that date, the tuition will be **\$225**. The tuition includes a **\$100.00 deposit/registration** fee. The \$100.00 deposit is refundable until **May 1, 2015**. After May 1, 2015, 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: