

# UPLIFT 2016

Session (Circle) (1)6/11-16 (2)6/18-23 (3)6/25-30

## 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

**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

~~~~~ → Please go to next page → ~~~~~

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

| <b>List <u>all</u> 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. 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 **May 1, 2016**, you will pay **\$220**. If you register and pay your deposit after that date, the tuition will be **\$235**. The tuition includes a **\$100.00 deposit/registration** fee. The \$100.00 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:**