



**Harding University College of Pharmacy  
2009 Pharmacy Summer Camp**

**Parent/Guardian Information**

Mother: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Father: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Please list below any current medical conditions, dietary or activity restrictions you have:**

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**Please list all current medications (including over the counter medications):**

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For additional information or questions regarding Harding University Pharmacy Summer Camp, please contact Ms. Carol Kell, Director of Admissions by email at: [ckell@harding.edu](mailto:ckell@harding.edu) or phone at (501) 279-5523.

**Application form with deposit, transcript and letter of recommendation should be submitted no later than April 1, 2009 to: Harding University College of Pharmacy**

**Pharmacy Summer Camp**

**Box 12230**

**Searcy, AR 72149-2230**