

**Harding University College of Pharmacy
2012 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:

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

Applicant Signature

Date

Parent/Guardian Signature

Date

For additional information or questions regarding Harding University Pharmacy Summer Camp, please contact Mrs. Carol Jones, Director of Admissions by email at: ccjones@harding.edu or phone at (501) 279-5523.

Application form with deposit, transcript and letter of recommendation should be submitted no later than May 1, 2012 to: Harding University College of Pharmacy

Pharmacy Summer Camp

Box 12230

Searcy, AR 72149-2230