

NATIONAL LEADERSHIP FORUM

@ Harding University

June 5-10, 2022

Registration Form

Grade (entering):

T-Shirt Size:

Name

Last:

First:

MI:

M

F

DOB:

Age:

PARTICIPANT'S GENERAL INFORMATION

Home Phone:

Email Address:

Home Address:

City:

State:

Zip:

Roommate Preference:

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:

**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 #:

PARTICIPANT'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

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| <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)                               | Peppid (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                                     |

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### Medical/Media Release Statement

I \_\_\_\_\_ (print name) consent to the above-named student to participate in Harding’s National Leadership Forum. I further authorize NLF 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 NLF, I am allowing NLF to take video and still photographs of the student to use in promotional materials.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I \_\_\_\_\_ (participants’s printed name) agree to follow all of the guidelines of National Leadership Forum and Harding University and will cooperate and participate in all of its activities

**Signature of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_