

1 Trillium Way Corbin, KY 40701 606-528-1212

2020 BASIC MED CAMP \_\_June 21-26

## Advanced MED CAMP □ July 26-31

## **Student Registration Form**

| Student's Name               |               |                 |                       |  |  |
|------------------------------|---------------|-----------------|-----------------------|--|--|
| Last                         |               | First           |                       |  |  |
| Address                      |               | _ E-Mail _      |                       |  |  |
| City                         | State         |                 | Zip                   |  |  |
| Home Phone                   |               | Emergency Phone |                       |  |  |
| Date of Birth                | Age _         |                 | Sex                   |  |  |
| Parent(s)/Guardian(s)        |               |                 | Work Phone            |  |  |
|                              |               |                 | Work Phone            |  |  |
| Emergency Contact other than | Parent/Guar   | dian            |                       |  |  |
| Phone Relation               | onship to Stu | udent           |                       |  |  |
| Current School Name          |               | Grade           | Entering in Fall 2018 |  |  |
| Insurance Company            |               | Policy #        |                       |  |  |
| Group #                      | _ Insura      | ance Co Phone   |                       |  |  |

| Physician Name                        |                         | Office Phone               |                |
|---------------------------------------|-------------------------|----------------------------|----------------|
| Please list any known                 | allergies               |                            |                |
| Please list the year stu              | ident received the foll | lowing immunizations:      |                |
| Diptheria                             | Whooping Cough          | Polio                      | Tetanus Toxoid |
| What communicable                     | diseases has this stude | ent had?                   |                |
| □ Measles □ Polie<br>□ Whooping Cough | -                       | nicken Pox 🗆 Scarlet       | Fever          |
| Does student have                     |                         | Ear Trouble □ Asthn<br>her |                |

Is there any information we should have regarding the welfare of this student (handicaps, restrictions, etc.)?

On a separate piece of paper, please explain any checked items and list any medications (name/reason/instructions) student is taking.

## ALL MEDICATIONS, PRESCRIPTIONS, AND OVER THE COUNTER DRUGS MUST BE BROUGHT IN THE ORIGINAL BOTTLE.

Each student will receive four sets of hospital scrubs to wear Monday through Thursday. On Thursday evening, each student will return the four sets of hospital scrubs and receive a personal set of scrubs to take home. The set that each student will take home is a Cherokee brand. If you have questions concerning size, you may want to visit a uniform store and look at the Cherokee brand of scrubs for accurate sizing.

Size of Scrubs: \_\_\_\_\_

## MED CAMP FEE

The camp fee is \$1000.00. (If student is local and not staying in hotel, the cost is discounted to \$800.00) This includes participation in Baptist Health Corbin MED Camp which incorporates a broad curriculum of lectures, department observations, CPR certification, and hands-on activities. It also includes meals and lodging. Group transportation will be provided to the students for all planned activities. Security will be provided at the hotel. Chaperones will be with the students at all times.