

RETURN APPLICATION BY 3/1/12 TO:

Libby Brim, TI Co-Director
NCADA
8790 Manchester Road
St. Louis, MO 63144

For TI office use only:

Date Rec'd _____
XLS _____

Teen Institute for Prevention Leaders

APPLICATION

Please type or print legibly. To eliminate delays, applications must be completely filled out and signed.

PART I (To be completed by student.)

First and last name	Date of birth ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	T-shirt size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
Name of school you attend	Year in school as of September 2012 <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		
Student			
Mother/Guardian			
Father/Guardian			
Name:			
Address:			
City/state/zip:			
Home phone:	()	()	()
Work phone:	()	()	()
Cell phone:	()	()	()
E-Mail			

Why are you interested in attending Teen Institute (TI)?

TI Checklist

- I agree to participate in TI for its duration
- I agree to abide by the guidelines and goals of TI
- I agree to share the knowledge and skills I gain at TI with others in my school and community
- I have chosen the workshops I'd like to attend (see enclosed form)
- I have completed the *About You* participant questionnaire (see enclosed form)
- My application is filled out completely

Student's Signature

Date

PART II (To be completed by parents/guardians.)

GENERAL HEALTH INFORMATION FOR TI NURSE

List any medical conditions your teen is being treated for (example: ADHD, asthma, depression, diabetes, behavior disorder, seizure disorder, skin conditions, etc.):

List any allergic reactions (such as medications, insect stings, foods, etc.):

List any physical activity and/or dietary limitations or needs:

Last tetanus booster: month _____ year _____

EMERGENCY CARE

To the best of my knowledge, this health information is correct. My teen has permission to engage in all TI activities (except as noted). In an emergency if parents/guardians are not available, notify the following:

Name of emergency contact (other than parent/guardian)		Relationship to student	
Cell phone number ()	Work phone number ()	Home phone number ()	
Physician or clinic's name		Office phone number ()	
Insurance carrier/Medicaid	Group number	Policy/Subscriber or Medicaid number	Name of policy holder

MEDICATION AUTHORIZATION

For minor ailments, I authorize the following over-the-counter medications to be given to my teen:

- | | | |
|--|--|---|
| <input type="checkbox"/> Neosporin or A&D ointment | <input type="checkbox"/> Antacid | <input type="checkbox"/> Anti-diarrhea |
| <input type="checkbox"/> Decongestant | <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Ibuprofen or Tylenol 325 mg. |
- Circle one: 1 tablet, 2 tablets

The above listed over-the-counter medications will be supplied by the NCADA. If other over-the-counter medications are needed by your teen, they must be in a sealed (unopened) container. All prescription medication must be in the original, pharmacy labeled container. These are nursing license requirements.

I authorize the nurse to administer medication prescribed by _____ June 5-8, 2012.
(Doctor's Name)

Name of drug	Amount to be given	Time to be given
Name of drug	Amount to be given	Time to be given
Name of drug	Amount to be given	Time to be given

SURVEY AND PUBLICITY RELEASE

A written pre-, post- and follow-up test will be given to students. I authorize the NCADA to administer these evaluations to measure knowledge, skills and attitudes about alcohol, tobacco and other drugs. I also authorize the Teen Institute for Prevention Leaders and its staff to use the name and/or photograph of my son/daughter for promotional and/or publicity purposes regarding TI 2012.

INSURANCE INFORMATION

Sojourn carries accident and injury insurance.

LIABILITY RELEASE

I hereby release the Teen Institute for Prevention Leaders, any of its sponsoring or cooperating agencies, Sojourn, and any other person or organization associated or involved with Teen Institute to be held June 5 - 8, 2012, at Sojourn from any and all liability during said Institute. I also certify that my teen is either covered by health and accident insurance for any accident or injury that may occur while at or in route to and from the Institute or, if I do not have insurance, I agree to be financially responsible should said incident occur.

TRANSPORTATION INFORMATION

Please check the appropriate statement below to authorize the transportation you will allow for your teen:

- I will arrange transportation for my teen.
- My teen will ride the bus. If the school or sponsoring organization does not cover the \$20 transportation fee, I understand that I will be responsible for paying this fee by May 21, 2012 (transportation fee will increase to \$25 after this date and must be paid prior to TI). NCADA will send an invoice as notification of payment due. Check the bus site you prefer to use:
 - Bus 1 – St. John’s Bank and Trust Co. parking lot (I-170 and Natural Bridge Road)
 - Bus 2 – Society for the Blind parking lot in Brentwood (Manchester Road just east of Brentwood Boulevard)
 - Bus 3 – Commuter parking lot, Highway 270 and Gravois Road (on northeast corner)

Parents/Guardians please authorize the following by checking each category: (You must check either yes or no for each item.)

- Permission to attend Teen Institute yes no
- Emergency care yes no
- Prescription medications yes no
- Non-prescription medications yes no
- Pre- and post-tests yes no
- Promotions and Publicity yes no
- Liability yes no
- Transportation yes no

I have examined the program and philosophy of Teen Institute and agree to allow my teen to attend if selected. I further agree to be supportive in my teen’s efforts to share in his/her school and community the knowledge and skills that will be gained.

Parent’s/Guardian’s Signature

Date

PART III (To be completed by faculty sponsor.)

Sponsor's name		Position/Title	
School phone ()	Home phone ()	Cell phone ()	
Name of school		E-mail address	
School address	City	State	Zip

Fees are payable upon receipt of invoice after notification of student's acceptance. Specify below the funding source as you would like it to appear on the invoice. **Tuition will increase to \$295 on applications received after April 23, 2012.** Refunds will be granted, less a \$35 administrative fee, if NCADA receives notification in writing of participant's cancellation prior to May 21, 2012. After this date, no refunds will be granted and no substitutions will be allowed.

Funding source		Attn:	
Phone number ()	E-mail	Purchase order number	
Address			
Check amount to be billed (check one)			
<input type="checkbox"/> \$280.00 - registration only		<input type="checkbox"/> \$300.00 - registration and bus fare	

As faculty sponsor, I agree to serve as liaison for the following student and to assist wherever possible in implementing his/her prevention efforts.

TI applicant's name _____

Faculty Sponsor's Signature

Date

Please review this form. **All information requested is required for the student to be registered.**

Mail completed application to:

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