

Return application by 3/16/18 to: Joy Carter, TI Co-Director  
 NCADA  
 9355 Olive Boulevard  
 St. Louis, MO 63132

**APPLICATION**

Please print legibly. To eliminate delays, this application must be completely filled out and signed.

**PART I** *To be completed by student.*

First and Last Name _____		Date of birth ___/___/___	T-shirt Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large Other _____
Preferred Name: _____		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Name of school you attend		Current year in school <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior	
	<b>Student</b>	<b>Mother/Guardian</b>	<b>Father/Guardian</b>
<b>Name:</b>			
<b>Address:</b>			
<b>City/state/zip:</b>			
<b>Primary phone:</b>			
<b>Alternate phone:</b>			
<b>Permission to text number(s) listed for TI updates and reminders</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E-mail</b>			

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

\_\_\_\_\_

\_\_\_\_\_

How did you hear about TI? \_\_\_\_\_

**Student Checklist** I agree to:

- Participate in TI for its duration and abide by the rules as outlined by the TI staff
- Share the knowledge and skills I gain at TI with others in my school and community

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

**The following workshops will be offered at TI. Please see enclosed descriptions and put a checkmark by THREE workshops that you would like to attend.**

- \_\_\_ Athletes: A Different Kind of Strength
- \_\_\_ The Cost of Drugs
- \_\_\_ Party Drugs
- \_\_\_ E-cigs and Hookahs and Snus, Oh My!
- \_\_\_ How to Deal: Healthy Ways to Cope
- \_\_\_ Life after High School (for incoming juniors and seniors only)
- \_\_\_ Developing a Stronger You #BeHeard
- \_\_\_ Prescription and Over-the-Counter Drugs
- \_\_\_ Being in the Zone: Creative Minds without ATOD Use

**PART II** *To be completed by parents/guardians.*

Parents/guardians please authorize the following by checking yes or no for each category:

**PERMISSION TO ATTEND/PARTICIPATE**

My teen has permission to attend Teen Institute June 5-8, 2018 and engage in all TI activities except as noted.  yes  no

**EMERGENCY CARE/TRANSPORTATION AND MEDICAL AUTHORIZATION**

I authorize emergency care/transportation if needed.  yes  no

Name of emergency contact ( <u>other than parent/guardian</u> )		Relationship to student	
Primary phone number		Alternate phone number	
Physician or clinic's name		Office phone number	
Insurance carrier/Medicaid	Group number	Policy/Subscriber or Medicaid number	Name of policy holder

**GENERAL HEALTH INFORMATION**

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

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List any physical limitations that might restrict your teen's participation in any activities:

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List any other accommodations of which staff need to be aware:

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Please list current over-the-counter or prescription medications to be administered by the nurse at TI.

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

For minor ailments, I authorize over-the-counter medications to be given to my teen such as, but not limited to: A&D Ointment, antacid, anti-diarrheal, Benadryl, decongestant, Neosporin, Ibuprofen, Tylenol, etc. NCADA will supply these over-the-counter medications. If you choose to send any other over-the-counter medications with your teen, they must be in the unopened original packaging and given to the nurse upon arrival. **All prescription medication must be in the original, pharmacy labeled container and given to the nurse upon arrival.**  yes  no

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

ALLERGIES (check all that apply and give details)

- Medications (i.e. penicillin, sulfa drugs) \_\_\_\_\_
- Insect Stings \_\_\_\_\_
- Seasonal \_\_\_\_\_
- Foods restrictions or allergies \_\_\_\_\_
- Other \_\_\_\_\_

My teen has had a tetanus booster (may be listed as Tdap or Dtap on immunization records) within the last 5 years.  yes  no

**SURVEY AND PUBLICITY RELEASE**

I authorize NCADA to administer written pre-, post- and follow-up tests to my teen to measure knowledge, skills and attitudes about alcohol, tobacco and other drugs. I also authorize Teen Institute and its staff to use the name and/or photograph/video of my teen for promotional and/or publicity purposes regarding TI.  yes  no

**LIABILITY RELEASE**

Sojourn carries accident and injury insurance on the retreat site.

I release Teen Institute for Prevention Leaders, any of its sponsoring or cooperating agencies, Sojourn, and any other person or organization associated or involved with TI to be held at Sojourn June 5-8, 2018, from any and all liability during TI. I also certify that my teen is either covered by insurance for any illness, accident, or injury that may occur while at or in route to and from TI or, if I do not have insurance, I agree to be financially responsible should an illness, accident or injury occur. **(If you check no, your teen may be ineligible to attend.)**  yes  no

**TRANSPORTATION RELEASE**

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

- I will arrange transportation for my teen.

**OR**

I authorize my teen to ride the bus at the following bus site to/from TI (please select one):

- NCADA parking lot in Olivette (9355 Olive Boulevard 63132)
- Commuter parking lot, Highway 270 and Gravois Road (on northeast corner)
- Lutheran High School North (5401 Lucas and Hunt Road 63121)
- St. Louis Public Schools District Office (801 North 11<sup>th</sup> Street 63101)

I have reviewed and completed the TI application and have given the authorizations required. I verify that the information provided in the application is accurate to the best of my knowledge.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**PART III – Payment Information**

The total cost per student is \$50.

- Payment enclosed (payable to NCADA).
- Payment not enclosed. Please bill me at:

Name of parent/school to be invoiced the \$50 student fee	Phone number
Address	E-mail

- I need assistance with payment.  
(There are a limited number of full scholarships available. However, if you are able to pay any portion of the \$50 fee, please indicate that amount here: \$ \_\_\_\_\_ ).

If NCADA receives notification in writing of participant’s cancellation prior to May 25, 2018, refunds will be granted less a \$10 administrative fee. **After this date, no refunds will be granted and no substitutions will be allowed.**

**PART IV – Faculty Recommendation** (counselor, teacher, administrator) *To be completed by Faculty Member.*

Faculty Member’s Name/Position	Name of School
Phone Number	E-mail
School address	City/ State/Zip

Please read each statement and check the box to indicate “yes.”

- I recommend this student for Teen Institute.
- This student demonstrates leadership abilities and/or potential.
- Overall, this student demonstrates personal responsibility and a desire to learn.

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 Member’s Signature

\_\_\_\_\_  
Date

Please review this form.

***All information requested is required for the student to be registered.***

FOR NCADA OFFICE USE ONLY	
Date Rec’d	<input type="checkbox"/> LS <input type="checkbox"/> JC <input type="checkbox"/> DS
Send invoice to	Scholarship source
Invoice amount	Scholarship amount