



State University of New York  
**Upstate Medical University**

**Trauma Kids Program**

**"Bring your Child to Work Day"**

**Thursday, April 23, 2009**

**Registration Form**

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of University Hospital employee \_\_\_\_\_

Relation to Participant \_\_\_\_\_ Email \_\_\_\_\_

Floor/ work Area \_\_\_\_\_ Work Phone # \_\_\_\_\_

Vocera  Yes  No

Scrub Size - top \_\_\_\_\_ Youth/ Adult \_\_\_\_\_

Does participant ride a bicycle?  Yes  No

Do they own a helmet?  Yes  No

Do they wear the helmet when riding?  Yes  No

Does the participant sit in the front seat of a car?  Yes  No

Do they wear a seat belt in the front seat?  Yes  No  N/A

Do they wear a seat belt in the back seat?  Yes  No

Does the participant have any dietary special needs?  Yes  No

Does the participant require any physical/learning accommodations?  Yes  No

Has any one in the family been involved with a hospital stay or Traumatic event we should be aware of?  Yes  No





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**Registration Rules**

The participant is a daughter/son/grandchild of an employee of University Hospital/  
SUNY Upstate    Yes            No                                       

The employee is working an 0700-1530 shift on 4/23/09 or remains on campus with in  
University Hospital    Yes     No

The employee is not working and would like to participate as a guide or teach with the  
team.    Yes     No

- ❖ All children must be picked up @ 1530 by UH employed parent/ grandparent
- ❖ Registration form must be completely filled out before participant spot will be held
- ❖ Photography waiver must be signed
- ❖ All electronics, will be turned off for the entire day ie: phones, Ipods, MP3
- ❖ All University Hospital Policies will be followed
- ❖ All participants will participate in pre/post questionnaire
- ❖ If applicable, we will cancel by calling Tracie Wildner in Organizational Development at 464-6125

Please sign below acknowledging the above and below guidelines for the Trauma Kids program.

Trauma Kid (Teen) \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date \_\_\_\_\_  
(Print)

University Hospital Employee \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date \_\_\_\_\_  
(Print)

**RETURN SIGNED REGISTRATION FORM AND REGISTRATION RULES TO:**

SUNY Upstate Medical University  
Attn: Tracie Wilder/OTD  
750 E. Adams Street  
JH Rm 417  
Syracuse, NY 13210