

CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY

	Yes	Sometimes	No		Yes	Sometimes	No
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "yes" or "sometimes" was selected, please specify when and where the behaviors occur/occurred: _____

Please describe any concerns that are listed below that your child is displaying:

Unusually clingy or immature behavior _____

Hides food _____

School difficulties _____

Difficulties with peers or bullying _____

Inappropriate sexual behavior _____

Overwhelming sadness _____

Overwhelming anxiety or worry _____

What are your child's strengths?

What are your child's interests and/or participation in after-school activities?

Describe your child's ability to complete tasks and follow directions:

Describe any prior assessment/therapy child has received (general diagnosis):

Approximate emotional age of the child (please explain):

Any known triggers resulting in emotional behaviors:

Any specific methods found helpful in comforting child:

How has the child reacted to past or current trauma or triggers listed above?

- | | |
|--|--|
| <input type="checkbox"/> May fear being separated from parent | <input type="checkbox"/> Frightened facial expressions |
| <input type="checkbox"/> Flashbacks | <input type="checkbox"/> Loss of reality |
| <input type="checkbox"/> Crying/whimpering | <input type="checkbox"/> Excessive clinging |
| <input type="checkbox"/> Avoidance of reminders of traumatic event | <input type="checkbox"/> Fantasies |
| <input type="checkbox"/> Screaming | <input type="checkbox"/> Bed-wetting |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Fear of darkness |
| <input type="checkbox"/> Running away | <input type="checkbox"/> May show extreme withdrawal |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Disruptive behavior |
| <input type="checkbox"/> Immobility and/or aimless motion | <input type="checkbox"/> Inability to pay attention |
| <input type="checkbox"/> Problems with peers/antisocial behavior | <input type="checkbox"/> Sleep problems/disturbances |
| <input type="checkbox"/> Trembling | <input type="checkbox"/> Irritability/angry outbursts |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Emotional numbing |

Additional information to help enhance child's camp week experience: _____

Example of Completed Form

Camper: Bobby Bonfire
Date of Birth: 3/16/2007
Allergies: Bees

Medication Name: Dextroamphetamine
Dose/Route: 2.5 mg/Oral
Reason for taking med/diagnosis: ADHD
Time(s) to take Medication: 9:00AM
RN to fill out at check in: Amount In: _____ Amount Out: _____

Medication Name: EpiPen
Dose/Route: 0.3 mg/Injection
Reason for taking med/diagnosis: Bee allergy
Time(s) to take Medication: As needed for bee stings
RN to fill out at check in: Amount In: _____ Amount Out: _____

.....
Camper: _____
Date of Birth: _____

.....
Medication Name: _____
Dose/Route: _____
Reason for taking Med/Diagnosis: _____
Time(s) to take Medication: _____
RN to fill out at check in: Amount In: _____ Amount Out: _____

.....
Medication Name: _____
Dose/Route: _____
Reason for taking med/Diagnosis: _____
Time(s) to take Medication: _____
RN to fill out at check in: Amount In: _____ Amount Out: _____

.....
Medication Name: _____
Dose/Route: _____
Reason for taking med/Diagnosis: _____
Time(s) to take Medication: _____
RN to fill out at check in: Amount In: _____ Amount Out: _____

.....
Medication Name: _____
Dose/Route: _____
Reason for taking med/Diagnosis: _____
Time(s) to take Medication: _____
RN to fill out at check in: Amount In: _____ Amount Out: _____

.....
Medication Name: _____
Dose/Route: _____
Reason for taking med/Diagnosis: _____
Time(s) to take Medication: _____
RN to fill out at check in: Amount In: _____ Amount Out: _____

MEDICAL RELEASE FORM:

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize the directors of Royal Family KIDS Camp, or such substitute as they may designate, as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is en route to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family as legal guardian/social worker/other. I give my permission for _____ to attend Royal Family KIDS Camp in the summer of 2019 through **Oakwood Church**. _____ Camper

Authorized Signature Printed Name Date

Child's Medicaid ID # _____ Signature: _____

Relationship to Child: _____ Date: _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give the Royal Family KIDS Camp Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the RFK Camp Registered Nurse to use his/her best judgment as situations arise, and if in doubt, he/she can call _____ @ _____ for verification.

Please check YES or NO for the medications listed below. This form must be completely filled out by the primary caregiver who signs below, or camper may not attend camp.

YES	NO		Specify if desired:
<input type="checkbox"/>	<input type="checkbox"/>	Sunblock	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lip balm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-aids	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-itch cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen peroxide	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-histamine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tums	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

Parent or Legal Guardian's Signature: _____

Printed Name: _____ Phone number: _____

Do you have any additional information you would like to add to help us make your child more comfortable at camp? Please attach on a separate sheet.