For Office Use Only	Royal Family KIDS® Camp for Children 7 – 11 Years Old	**Return Completed Application to:**
_____ Received _____ Acknowledged _____ Pack list sent _____ MEDS _____ Special instr.	Sponsored by Oakwood Church **CAMP Week August 17-21, 2020**	Oakwood Church Attn: Royal Family KIDS Camp 3041 Oakwood Road Hartland, WI 53029 Please enclose a photo of the camper if possible. Or Scan and e-mail completed app to: rfkchartland@yahoo.com

REGISTRATION FORM

Instructions: *Please Print.* This form must be completely filled out. The information is vital to the health and well-being of the child. Your application will be returned to you if it is not completely filled in.

_____

Child's Last Name First Name Preferred Name Sex Birthdate

_____ T-shirt Size: ❑ Child Med ❑ Child Lg ❑ Adult Sm ❑ Adult Med ❑ Adult Lg

Age @ Camp Time Grade

The child is living with: (Check one) ❑ Foster Parent ❑ Adoptive Home ❑ Group Home ❑ Relative

_____

Name(s) of person(s) the child is living with and relationship

_____

Address

Cell (_____) _____ Home (_____) _____

Email

_____ (_____)_____ _____

Emergency Contact Phone Relationship to Child

_____

Case Worker

_____ (_____) _____

Case Worker Email Day Phone Number

Moved in Foster Placement how many times? _____

Explain any unusual family circumstances that make camp especially important for the child:
(Example: recent crisis, being moved in foster placement, severe economic needs, etc.)

_____

_____

_____

_____

***Disclaimer: Royal Family KIDS Camp does not provide counseling for campers. However, by completing the following questionnaire, you are providing valuable information for our Social Worker to appropriately support and advocate for your child if behavioral or emotional concerns arise. The following information is kept confidential and helps us provide the best possible camp experience for each child. Thank you for your cooperation and understanding.*

CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY

	Yes	Sometimes	No		Yes	Sometimes	No
Aggressiveness	❑	❑	❑	Night Terrors	❑	❑	❑
Bedwetting	❑	❑	❑	Nightmares	❑	❑	❑
Biting	❑	❑	❑	Runs Away	❑	❑	❑
Eating Disorders	❑	❑	❑	Sexual Acting Out	❑	❑	❑
Hyperactive	❑	❑	❑	Steals	❑	❑	❑
Learning Disabilities	❑	❑	❑	Tantrums	❑	❑	❑
Lying	❑	❑	❑	Withdrawn	❑	❑	❑

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?

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

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

_____

_____

_____

CAMPER DETAILS:

This child's swimming ability is: ❑ Good ❑ Poor ❑ Do not Know

Has the child attended a Royal Family KIDS Camp before? ❑ No, first time ❑ Yes ❑ Yes, returning to Hartland Camp

How many years? _____ Transfer from another RFKC _____ Where? _____

Note: *In order to reach as many children as we can, we ask that each child attend only one RFKC camp each year. Campers are encouraged to return up to 5 years, or they age out at 12 years old. RFKC is designed for children in the elementary system, ages 7-11, in the foster care system. Case-by-case exceptions are given in regards to camper's age, care status and emotional needs. Campers that have been newly adopted are encouraged to attend a year following their adoption.*

HEALTH HISTORY:

Indicate all known allergies, illness, disabilities, physical limitations or medical complications:

Allergies _____

Illnesses/medical complications _____

Limitations_____

❑ Leg or Arm Braces ❑ Hearing Aids Eating Disorder ❑ Yes ❑ No

❑ Glasses/Contacts: If yes, is the camper to wear their glasses at all times? ☐ Yes ☐ No

Indicate any pertinent medical history:

Respiratory Problems	_____	Hypoglycemia	_____	Musculoskeletal Allergies	_____	Resistance to
Heart or Circulation	_____	Dizzy Spells	_____	Foot	_____	
Pulmonary Edema	_____	Back	_____	Seizure Disorders	_____	
Hay Fever	_____	Anaphylactic Shock	_____	Poison Oak	_____	
Balance Problems	_____	Diabetes	_____	Fainting	_____	
Insect Bites	_____	Drug Allergy	_____	Other	_____	

Details from above: _____

_____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

IMMUNIZATION HISTORY:

To your knowledge, is the camper up to date with all age appropriate vaccines? ☐ Yes ☐ No ☐ Unsure

PRESCRIPTION MEDICATIONS: *All medication sent to camp must be in its original container with pharmacy label on it.*

Is your child taking any medications? ❑ No ❑ Yes: if yes, please fill out the following medication sheet.

Doctor's Name: _____ Phone: _____

Please add any other comments related to HEALTH and MEDICATIONS on an additional sheet.

I understand that it is my responsibility as caregiver to make sure that all instructions are clear, and that the necessary dosage is adequately supplied for the duration of camp. I hereby authorize RFK's Camp nurse to administer the medication from August 17, 2020 to August 21, 2020.

_____ _____ _____

Parent or Legal Guardian Signature Printed Name Date

PLEASE NO CAMERAS OR MONEY. THESE ITEMS ARE NOT NEEDED AT CAMP.

A separate letter will be sent out containing your camper packing list and important drop off information on registration day,

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: __________________
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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 August of 2020 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:
❑	❑	Sunblock	_____
❑	❑	Insect repellant	_____
❑	❑	Lip balm	_____
❑	❑	Rash ointment	_____
❑	❑	Tylenol	_____
❑	❑	Antiseptic ointment	_____
❑	❑	Band-aids	_____
❑	❑	Anti-itch cream	_____
❑	❑	Hydrogen peroxide	_____
❑	❑	Cough syrup	_____
❑	❑	Cough drops	_____
❑	❑	Decongestant	_____
❑	❑	Anti-histamine	_____
❑	❑	Tums	_____
❑	❑	Other	_____
❑	❑	Other	_____
❑	❑	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.