

For Office Use Only <input type="checkbox"/> Received <input type="checkbox"/> Acknowledged <input type="checkbox"/> Pack list sent <input type="checkbox"/> MEDS <input type="checkbox"/> Special instr.	 Royal Family KIDS® Camp for Children 7 – 11 Years Old	Return Completed Application to: Oakwood Church Attn: Royal Family KIDS Camp 3041 Oakwood Road Hartland, WI 53029
	Sponsored by Oakwood Church CAMP Week August 16-20, 2021	

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: <input type="checkbox"/> Child Med <input type="checkbox"/> Child Lg <input type="checkbox"/> Adult Sm <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult Lg				
Age @ Camp Time	Grade			
The child is living with: (Check one) <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adoptive Home <input type="checkbox"/> Group Home <input type="checkbox"/> Relative				

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

Address _____

Cell (_____) _____ Home (_____) _____

Email _____

Emergency Contact _____	Phone (_____) _____	Relationship to Child _____
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Case Worker _____

Case Worker Email _____	Day Phone Number (_____) _____
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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	<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: _____

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 16, 2021 to August 20, 2021.

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: 3/16/2011
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: \_\_\_\_\_  
Allergies: \_\_\_\_\_

~~~~~  
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 2021 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.