

Royal Family Kids Camp 2019

7293 State Road 109 Wilkinson, Indiana 46186

Camp is primarily for children in Foster Care (7 – 11 years of age)

Date of camp you are registering for: June 17 – 21, 2019

IMPORTANT INFORMATION, READ CAREFULLY: *Print* all forms clearly, using **black** ink. This form must be filled out in its *entirety* or your child will lose his/her place. The information is vital to the health and well-being of the child. Any application *not completely* filled in will be returned to you. This form must be filled out in its *entirety* or your child will lose his/her place (*doctor's name, phone # meds, etc.*).

CHILD'S FULL NAME: _____
Last First Middle

Name child is called: _____

Sex: _____ Birth date: ____/____/____ Age: _____ Current Emotional Age: _____ Level of Care: _____

Child is living with: (Please check one)

Foster Family _____ Foster Group Home _____ Relative _____ (Relationship to child) _____

Caregiver's Name: _____

Address: _____ City _____ Zip _____

E-Mail Address: _____

Home Phone: (____) _____ Business: (____) _____ Cell/Pager: (____) _____

Phone number you may be reached at, if you will be away from home the week of camp: (____) _____

Social Worker: _____ Phone: (____) _____ Cell: (____) _____

Agency social worker is associated with: _____

EMOTIONAL/BEHAVIORAL HISTORY:

	FREQUENT	INFREQUENT	NOT AT ALL
Aggressiveness			
Bedwetting			
Biting			
Eating Disorders			
Hyperactivity			
Learning Disorders			
Lying			
Experienced Foster Placement Changes			
Nightmares _____ Night Terrors _____			
Runs Away			
Sexual Acting Out			
Steals			
Withdrawn			

Provide details for any check marks in the Frequent or Infrequent columns (use back of page if additional space needed).

CHILD'S NAME: _____ Name Child is Called: _____

Child's T-Shirt Size: Child M L (or) Adult S M L Reading Level: _____

Swim Suit Size: Adult / Child S M L Shoe Size: Adult / Child S M L

Child's ability to swim: Good _____ Poor _____ Not Known _____ Child has permission to swim: Yes No
(Each child will be tested for swimming ability by lifeguard.)

Has the child attended Royal Family Kids Camp before? No Yes If yes, for how many years? _____

What two most important things should we know about this child?

1. _____
2. _____

Describe any unusual family circumstances this child has experienced that would make this camp especially important for the child (severe social or economic deprivation, recent crisis, etc.).

What type discipline is effective with this child?

What triggers this child's negative behavior(s)?

What are the signs that this child's behavior is about to escalate?

What actions help de-escalate this child's negative behavior(s)?

Please add any additional information you feel may be helpful to ensure a great camp experience.

Signature: _____

Date: _____

Relationship to Minor: _____

AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS AND/OR MEDICAL ATTENTION

(Please *print* all information *clearly* using *black ink*)

Child's Name: _____

Medicaid Number: _____

Health History: Indicate ANY known allergies, illness, disabilities, medical/physical limitations or complications.

Allergies: _____

Illnesses: _____

Disabilities/Limitations: _____

Helpful Details: _____

Any specific activities to be restricted? _____

Any specific activities to be encouraged? _____

Medications: All medications child is taking must be in original container with the pharmacy label on it.

1. Name: _____ Dosage: _____ Times: _____

2. Name: _____ Dosage: _____ Times: _____

3. Name: _____ Dosage: _____ Times: _____

4. Name: _____ Dosage: _____ Times: _____

5. Name: _____ Dosage: _____ Times: _____

Doctor's Name: _____

Phone Number: () _____

Immunization History: (Please attach a copy of immunization record; will not be returned) or fill in dates of basic immunizations and most recent booster as best as you can.

_____ DTP Series	_____ Booster	_____ Tetanus Booster	_____ Polio OPV (Sabine)
_____ Typhoid		_____ Measles Vaccine (live)	_____ Tuberculin (TB)
_____ German Measles (Rubella)		_____ Mumps Vaccine (live)	_____ Small Pox

MEDICAL RELEASE:

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 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 Medical 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 enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director. I understand that I will be notified in the case of a medical emergency involving my child. However, in the event I or my assignee or the agency the child is with cannot be contacted, I authorize the adult in charge to consent to the providing of necessary medical services if my child is injured or becomes ill. I understand that RFKC wilnot be responsible for medical expenses incurred solely on the basis of this authorization.

I authorize permission to the assigned personnel of Royal Family Kids' Camp to give the above medication(s) to the above named minor. I agree to furnish an adequate amount (5 days) of each medication in it's own original container. The Royal Family Kid's Camp personnel will protect my minor and will not administer any medication(s) unless this form is completed. If directions or dosage has been changed since the prescription was filled and picked up you must have written and signed change from the doctor, to give our camp nurse on or before registration day. I hereby give the Royal Family Kid's Camp (RFKC) nurse(s) my permission to administer over-the-counter medicines and/or products according to manufacture's instructions, or as otherwise specified. I trust the RFKC Registered Nurse(s) to use her best judgment as situations arise, and if in doubt, he/she can call for verification.

Examples of products that may be given/used: acetaminophen, ibuprofen, cough syrup, decongestant, throat lozenges, cough drops, Tums Pepto Bismal, insect repellent, Calamine lotion, Band aides, sunscreen, etc. **If child may not be given a product or is allergic to a known product, please specify below.**

Signature: _____

Relationship: _____

Date: _____