

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.	 <b>Royal Family KIDS® Camp</b> for Children <b>7 – 11</b> Years Old	<b>Return Completed Application to:</b> Oakwood Church Attn: Royal Family KIDS Camp 3041 Oakwood Road Hartland, WI 53029
	Sponsored by <b>Oakwood Church</b>  <b>Camp Week August 21-25, 2023</b>	

## 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: \_\_\_\_\_

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
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**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?**

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

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

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

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**Approximate emotional age of the child (please explain):**

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**Any known triggers resulting in emotional behaviors:**

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**Any specific methods found helpful in comforting child:**

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**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:** \_\_\_\_\_

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**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 21, 2023 to August 25, 2023.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**PLEASE NO ELECTRONICS, 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

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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: \_\_\_\_\_

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Camper: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Allergies: \_\_\_\_\_

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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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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 month of August 2023 through **Oakwood Church.** Camper (Print Name)

\_\_\_\_\_  
Authorized Signature Printed Name Date

Camper's Insurance Plan: \_\_\_\_\_ Medicaid ID # \_\_\_\_\_

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.**