

For Office Use Only
_____ Received
_____ Chk #
_____ Amount Paid
_____ # on Check
_____ Meds



Royal Family Kids' Camp™
FOR FOSTER CHILDREN
7-11 YEARS OLD
 Sponsored by Lake City Community Church
6000 N. Ramsey Road, CDA ID 83815
208-676-0632
June 15-19, 2009

Return Completed Application to: Lake City Community Church Attn: Brad Rudolph 6000 N. Ramsey Road Coeur d'Alene ID 83815
Please enclose a photo of the camper.

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 _____

Street _____ Age _____ Current Emotional Age _____

City _____ Zip _____ School _____ Grade _____ Reading level _____

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

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

(_____) _____ (_____) _____

Home Phone: _____ Work Phone _____

Emergency Contact _____ (_____) _____

Phone _____

Relationship to Child _____

(_____) _____

Social Worker _____ Day Phone Number _____

Moved in Foster Placement how many times? _____

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

CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	0	0	0	Night Terrors	0	0	0
Bedwetting	0	0	0	Nightmares	0	0	0
Biting	0	0	0	Runs Away	0	0	0
Eating Disorders	0	0	0	Sexual Acting Out	0	0	0
Hyperactive	0	0	0	Steals	0	0	0
Learning & Disabilities	0	0	0	Tantrums	0	0	0
Lying	0	0	0	Withdrawn	0	0	0

Details from above: _____

CAMPER DETAILS:

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

Learning Disabilities: Yes No Reading Level: _____

Has the child attended a Royal Family Kids Camp before? Yes, where? _____ No

Camper T-Shirt Size: Child Small Child Medium Child Large Adult Small Adult Medium Adult Large

HEALTH HISTORY

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

Allergies to food and/or medications? _____ NO _____ Yes

Please list all allergies: _____

Illnesses/medical complications _____

Disabilities/Limitations _____

Leg or Arm Braces Hearing Aids Eating Disorder Yes No Glasses/Contacts Yes No

Indicate date of illness, severity, complications, and any residual impairments.

Respiratory Problems _____	Hypoglycemia _____	Musculoskeletal _____
Heart or Circulation _____	Dizzy Spells _____	Foot/hand _____
Asthma _____	Back/neck _____	Seizure Disorders _____
Hay Fever _____	Anaphylactic Shock _____	Poison Oak _____
Balance Problems _____	Diabetes _____	Fainting _____
Bee Stings/bug bites _____	Vision/hearing _____	Other _____

Details from above: _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

IMMUNIZATION HISTORY:

Please attach a copy of the camper's immunization record to this application.

If a copy is not available, please answer the questions below:

Is the camper current on their childhood immunizations? _____

When was the last tetanus/DTap given? _____

PRESCRIPTION MEDICATIONS: Is your child taking any medications? _____ No _____ Yes, ***All medication sent to camp must be in the original container with the pharmacy label on it.***

Please fill in the following:

1. Medication _____ Dosage: _____ Times: _____

2. Medication _____ Dosage: _____ Times: _____

3. Medication _____ Dosage: _____ Times: _____

What is(are) the medication(s) for: _____

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 RFKC's nurse to administer the camper's medications that I provide at the time of camp check-in.

Parent or Legal Guardian Signature

Printed Name

Date

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 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 enroute 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 _____ through Lake City Community Church. Camper Year

Authorized Signature Printed Name Date

Child's Medicaid # _____ 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 RFKC Registered Nurse to use her/his best judgment as situations arise, and if in doubt, he/she can call for verification.

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

YES	NO	Specify/clarify as needed:
<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/acetaminophen _____
<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/ointment _____
<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"/>	Antihistamine _____
<input type="checkbox"/>	<input type="checkbox"/>	Advil/ibuprofen _____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone cream _____
<input type="checkbox"/>	<input type="checkbox"/>	Milk of Magnesia _____
<input type="checkbox"/>	<input type="checkbox"/>	Antacid _____

Parent or Legal Guardian's Signature: _____

Printed Name: _____ Phone numbers: _____

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