



Royal Family KIDS Camp

For Foster Kids 7 – 11 Years Old

Sponsored by: North Bend Church of the Brethren

June 24 – June 28 • 2024

Return Completed Application to:

Mark Hupp
5320 Hagerman Rd.
Butler, OH 44822
419-961-8950
mhupp4082@gmail.com

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

Age Current Emotional Age T-shirt Size (child S,M,L or adult S,M,L) Shoe Size

Street City Zip

School Grade Reading level

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

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

() ()

Home Phone: Cell Phone email address

()
Emergency Contact (relative, friend, neighbor) Phone

Relationship to Child

()
Social Worker Day Phone Number email address

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.)

CAMPERS EMOTIONAL/BEHAVIORAL HISTORY

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
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	Withdrawn	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"/>

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

HEALTH HISTORY

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

Allergies _____

Illnesses/medical complications _____

Disabilities/Limitations _____

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

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

Respiratory Problems _____ Hypoglycemia _____ Musculoskeletal Allergies _____

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:

Please fill in dates of basic immunizations and most recent booster as best as you can.

DTP Series _____ Booster _____ Tetanus Booster _____ Polio OPV (Sabin) _____

Typhoid _____ Measles Vaccine (live) _____ Tuberculin (TB) Test _____

German Measles (Rubella) _____ Mumps Vaccine (live) _____ Small Pox _____

PRESCRIPTON MEDICATIONS

All medication sent to camp must be in original container with the pharmacy label on it.

Is your child taking any medications? ☐ No ☐ Yes, please fill in the following

1. Name _____ Dosage: _____ Times: _____

2. Name _____ Dosage: _____ Times: _____

3. Name _____ 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 above medication from **June 24 to June 28, 2024.**

Parent or Legal Guardian Signature

Printed Name

Date

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 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 repellant _____
<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"/>	Antihistamine _____
<input type="checkbox"/>	<input type="checkbox"/>	Ipecac syrup _____
<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 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 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 Kids Camp as legal guardian/social worker/other.

I give my permission for _____ to attend Royal Family Kids Camp in the summer of 2024 through **North Bend Church of the Brethren**.

Authorized Signature

Printed Name

Date

Relationship to Child

Child's Medicaid Number

AUTHORIZED PICK-UP

Person Authorized to pick-up child: _____ Phone: _____

Parent or Legal Guardian Signature

Printed Name

Date

HAIR CUTTING

We will have a beautician at camp. Please fill out the following to let us know your hair cutting preference.

☐ I give permission for _____ to have his/her hair cut while at camp. Please list any specific guidelines (for example: no more than one inch removed, whatever child wants, shaving ok, shaving not ok).

☐ I do not give permission for _____ to have his/her hair cut while at camp.

Parent or Legal Guardian Signature

Printed Name

Date

SEARCH POLICY

For the success and safety of all camp attendees, it may be necessary to search a child's bags or property to assure they have everything they need for a successful week (i.e. clothing, swimsuit, toiletries, etc.) and a safe week (i.e. no candy, electronics, tobacco products, or other inappropriate items.) Any illegal items will be turned over to proper authorities be that the Guardian, Social Worker or Law enforcement and the Guardian will be informed. Any other items removed will be returned directly to the legal Guardian at registration, if possible, or at the end of the camp.

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