



CAMPER REGISTRATION FORM

July 19-23, 2021

Instructions: *Please Print.* This form must be **completely** filled out. The information is essential to the health & wellness of the child. This application will be returned to you if there is missing information.

Return completed application to: Riverside Apostolic Church, 201 S Maple Ave, Marshfield, WI 54449

CHILD'S LAST NAME	FIRST NAME	PREFERRED NAME	GENDER
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BIRTHDATE	AGE	CURRENT EMOTIONAL AGE	GRADE
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ADDRESS	CITY	STATE	ZIP
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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:	E-MAIL:
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EMERGENCY CONTACT	RELATIONSHIP TO CHILD	PHONE
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SOCIAL WORKER	PHONE	EMAIL
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Please explain any recent circumstances that make this specialty camp especially important for the child (recent crisis, moved placement, economic needs, etc.): _____

CAMPERS EMOTIONAL/BEHAVIORAL HISTORY

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	()	()	()	Night Terrors	()	()	()
Bedwetting	()	()	()	Nightmares	()	()	()
Biting	()	()	()	Runs Away	()	()	()
Anxious	()	()	()	Acts Out Sexually	()	()	()
Hyperactive	()	()	()	Steals	()	()	()
Learning Challenges	()	()	()	Tantrums	()	()	()
Lying	()	()	()	Distractible	()	()	()

If "often" please explain:

Person(s) Authorized to pick-up the child: **Photo ID will be required.**

Printed Name: _____	Phone Number: _____
Printed Name: _____	Phone Number: _____
Printed Name: _____	Phone Number: _____

CAMPER DETAILS

How many foster care placements has the child had? _____

Swimming Ability: ☐ Good ☐ Poor ☐ Unknown

Reading Level: _____

Attended a Royal Family Kids Camp before? ☐ No ☐ Yes, where? _____

T-Shirt Size: ☐ Child Medium ☐ Child Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL

Child's Interests:

Tell us about your child: (attributes, strengths, talents)

HEALTH HISTORY

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

Allergies: _____

Illness/Medical Diagnoses: _____

Physical Limitations (mobility, hearing aids, eating disorder, etc.) _____

Please check any medical issues relevant to the child:

Respiratory Problems	_____	Hypoglycemia	_____	Musculoskeletal Issues	_____
Heart or Circulatory	_____	Dizzy Spells	_____	Foot Pain	_____
Pulmonary Edema	_____	Back Pain	_____	Seizure Disorders	_____
Anaphylaxis	_____	Diabetes	_____	Fainting	_____

Details from above: _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

IMMUNIZATION HISTORY

Fill in dates of immunizations and the most recent booster, or submit a copy from your PCP office.

DTP Series _____	Booster _____	Tetanus Booster _____	Polio _____
Measles Vaccine (live) _____		Tuberculin (TB) Test _____	Typhoid _____
German Measles (Rubella) _____		Mumps Vaccine (live) _____	Smallpox _____

PRESCRIPTION MEDICATIONS

All medication sent to camp must be in the original, pharmacy labelled container.

Is your child taking any medications? ☐ No ☐ Yes (include administration schedule with **specific times** given)

1. Medication _____	Dosage: _____	Times: _____
2. Medication _____	Dosage: _____	Times: _____
3. Medication _____	Dosage: _____	Times: _____
4. Medication _____	Dosage: _____	Times: _____
5. Medication _____	Dosage: _____	Times: _____

Please indicate the prescription diagnosis (why is the child taking the medication?): _____

Please indicate any over the counter medications that the nurse may administer if required (tylenol, ibuprofen, benadryl, antiseptics, decongestants, anti itch cream, bug spray, sunscreen, etc.) _____

Add any other relevant information related to **HEALTH** and **MEDICATIONS** on an additional sheet.

MEDICAL RELEASE STATEMENT

This health history is correct so far as I know, and the above named minor has permission to engage in all 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 Central WI Royal Family Kids' Camp in the summer of 2020.

CAMPER NAME

I further 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 the camp nurse to administer the above medication during the stated camp dates.

PARENT OR LEGAL GUARDIAN SIGNATURE

PRINTED NAME

DATE

Please provide a copy of the child's insurance card (front & back) in order to complete the application process.