



Office Use Only:
Application Received _____

Please send a current photo of the child with this application.

Mail completed application to:
Cindy Colvin-Director
Royal Family Kids Camp #218
7778 Highway 75
Pinson, Alabama 35126
Fax completed application to:
205-681-1620
Email completed application to:
cindy@royalfamily218.org

Camp Dates: Monday, June 25 – Friday, June 29, 2018

PLEASE Print Clearly. Applications must be completely filled in and signed where indicated. Incomplete applications will be returned.

Male
 Female _____

Child's Last Name Child's First Name Preferred Name

Street address where child is living City Zip

Date of Birth Age Emotional Age Name of School Grade Completed

The child is living with (Check one): Foster Parent Group Home Other (Specify): _____

Name of adult person the child is living with (_____) (_____) _____
Home Phone Cell Phone Email Address

Name of adult person the child is living with (_____) (_____) _____
Home Phone Cell Phone Email Address

Emergency Contact Person:

Emergency Contact Name (_____) (_____) _____
Home Phone Cell Phone Email Address

Persons approved to pick up child: _____

We need to know some information about this child because at Royal Family KIDS Camp everyone receives: Camp Shirts and Swim Shoes. Please choose the correct size for the child named above.

Shirt Size	Swim Shoe Size			
<u>Youth Sizes:</u> <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> XL	<input type="checkbox"/> 13	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<u>Adult Sizes:</u> <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2X	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> _____

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

How many times has this child been moved in Foster placement? _____

Does this child have sibling(s) that are also attending Royal Family KIDS Camp this year?

- No
- Yes, sibling(s) name: _____

Has this child attended a Royal Family Kids Camp before?

- No
- Yes, attended this camp last summer, 2017
- Yes, attended another RFKC camp at _____

What are the child's hobbies/interests? _____

Any specific activities to be encouraged? _____

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

Note: ALL campers are required to wear a life vest (provided by campsite) when participating in activities in the lake. Every child must be able to swim the length of the swimming pool before they are allowed to swim in the deep end of the pool without a life vest.

Camper Emotional/Behavioral History

Behavior	Often	Some-times	Never	Behavior	Often	Some-times	Never
Aggressiveness				Nightmares			
Bedwetting				Runs Away			
Biting				Sexual Acting Out			
Eating Disorders				Steals			
Hyperactive				Tantrums			
Lying				Withdrawn			
Night Terrors				Other:			

Details from above: _____

Camper Health History

Indicate all known allergies, illnesses, disabilities, physical limitations or medical complications below.
Please include the date of illness, severity, and any residual impairment.

Allergies:	Ears/Hearing:
Arms/Hands:	Heart/Circulation:
Back/Spinal:	Hypoglycemia:
Balance Issues:	Learning Disabilities:
Diabetes:	Legs/Feet/Knees:
Disabilities/Limitations:	Musculoskeletal:
Fainting/Dizzy Spells:	Pulmonary Edema:
Eating Disorders:	Respiratory:
Eye/Vision:	Seizures:
This child is: <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed	Other:

Any specific activities to be restricted? _____

Immunization Records

*Fill in dates of basic immunizations and most recent booster or
provide a copy of the Alabama Department of Health Certificate of Immunization*

DTP Series:	Measles Vaccine (live):
Booster:	Tuberculin (TB) Test:
Tetanus Booster:	German Measles (Rubella):
Polio OPV (Sabin):	Mumps Vaccine (live):
Typhoid:	Small Pox:

Alabama Department of Health Certificate of Immunization copy included with this application.

Prescription Medications

List all medications (OTC or Prescription) this camper will be taking during camp week.
All medications sent to camp must be in the original container with the pharmacy label on it.

1. Name _____ Treatment for: _____

Dosage Amount: _____ Times to be given: _____

2. Name _____ Treatment for: _____

Dosage Amount: _____ Times to be given: _____

3. Name _____ Treatment for: _____

Dosage Amount: _____ Times to be given: _____

4. Name _____ Treatment for: _____

Dosage Amount: _____ Times to be given: _____

5. Name _____ Treatment for: _____

Dosage Amount: _____ Times to be given: _____

6. Name _____ Treatment for: _____

Dosage Amount: _____ Times to be given: _____

Attach a separate sheet for additional medications, listing same required information as above.

Doctor's Name _____ Phone _____

Child's Medicaid Account/Card #: _____

Other Insurance Name: _____ Card #: _____ Group #: _____

Send a COPY of Medicaid Card or Other Insurance Provider Card



Statement of Release for Camp Nurse to Administer Medications

I understand that it is my responsibility as caregiver to make sure that all information and instructions are clear concerning the minor child named on this application and that the necessary instructions and dosage(s) for the administration of medication(s) is adequately supplied for the duration of camp. I hereby authorize the staff nurse for Royal Family KIDS Camp #218 to administer the above medication(s) as stated above from: Monday, June 25, 2018 to Friday, June 29, 2018.

Parent or Legal Guardian Signature

Printed Name

Date

Signature Required Above

Medical Release Form:

The health history given on this application is correct so far as I know, and the named minor on this application has permission to engage in all prescribed program activities, except as duly noted on Page 3. The undersigned do hereby authorize the directors of Royal KIDS Camp #218 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 child named on this application 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 named on this application is in-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 #218 as legal guardian/social worker/other.



Parent or Legal Guardian Signature

Printed Name

Date

Signature Required Above

Permission to Administer Over the Counter (OTC) Medications/Treatments

I hereby give permission to the registered nurse(s) at Royal Family KIDS Camp #218 to administer/use the following products according to manufacturer's instructions, or as otherwise specified. I trust and give permission to the registered nurse(s) at Royal Family KIDS Camp #218 to use their best judgment as situations arise, and if in doubt, he/she will call for verification. Please check YES or NO for the medications/treatments listed below.

Over the Counter Medication	Yes	No	Over the Counter Medication	Yes	No
Alcohol Wipes			Hydrogen Peroxide		
Anti-Diarrhea/Anti-Nausea			Ibuprofen		
Antihistamine			Insect Repellent		
Anti-itch Cream			Lip Balm		
Antiseptic Ointment			Nail Clippers/Tweezers (used by nurses only)		
Band-Aids			Rash Ointment		
Cough Drops			Sun Block		
Cough Syrup			Tylenol		
Decongestant			Wound Wash		
Eye Wash					



Parent or Legal Guardian Signature

Printed Name

Date

Signature Required Above

Case Worker Information

Case Worker information is very important. Case Workers are our 1st contact in case of emergency involving a foster child. Please fill in all contact information.

Case/Social Worker Name: _____ County: _____

Case/Social Worker Email Address: _____

(_____) _____
Case/Social Worker Work Phone

(_____) _____
Case/Social Worker Cell Phone

(_____) _____
Case/Social Worker Home Phone