



Monday, July 26th – Friday, July 30th, 2021

for Foster Children 7- 11 years old

Sponsored by:

Community of Hope Lutheran Church

Return Completed Application to:
 Wilsonville Royal Family KIDS
 Attn: Chelsie Vukovich
 PO BOX 1433
 Sherwood, OR 97140

For Office Use Only
 _____ Date Received
 _____ Meds. Rx _____ Photo

***** REGISTRATION DEADLINE: June 15th, 2021 *****

Instructions: *Please Print.* This form must be **completely and thoroughly** filled out. The information is vital to the health and well being of the child. Completed applications are processed on a first come basis.

CAMPER INFORMATION:

(Child's Last Name, First Name, MI):		Preferred Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Current Age:
My camper is: <input type="checkbox"/> New <input type="checkbox"/> Returning from _____ (Camp Name and Year Attended)			Current School:	Current Grade:	
Name of person child resides with:		Relationship to Child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative			
Address:	City/State Zip:	Home Phone Number:	Alternate Phone Number: (Specify)		
Email:					
Caseworker Name:		Phone Number:	Email:		
Emergency Contact:		Relationship to Child:	Phone Number:		

CAMPER DETAILS:

Child's T-Shirt size:
 Child Medium Child Large Adult Medium Adult Large Adult X-Large

Child's clothing sizes:
 Shirt Size: _____ Pant Size: _____ Shoe Size: Adult/child _____

Does your child have any Learning Disabilities?
 No Yes If yes, please explain: _____

Camper has been in how many foster care placements? _____

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).

Does this child have siblings in foster care? No Yes How many? _____ Age(s)? : _____
 Do they live with this child? No Yes If in a different home are they able to be contacted for camp? No Yes

CAMPER'S PERSONALITY:

Please check the words that **best** describe this child **most** of the time:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Social | <input type="checkbox"/> Talkative | <input type="checkbox"/> Outspoken | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Likes steady pace | <input type="checkbox"/> Competitive | <input type="checkbox"/> Serious | <input type="checkbox"/> Compassionate |
| <input type="checkbox"/> Planner | <input type="checkbox"/> Messy | <input type="checkbox"/> Sense of humor | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Peacekeeper | <input type="checkbox"/> Socially awkward | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Quiet | <input type="checkbox"/> Considerate | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Likes to get it right | <input type="checkbox"/> Watches before doing | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Impatient |
| <input type="checkbox"/> Leader | <input type="checkbox"/> High energy | <input type="checkbox"/> Nervous | <input type="checkbox"/> Relaxed |

CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY:

***Please check 'yes' or 'no' for each question. If you check 'yes' please give details on behavior(s):

Details regarding current behavior(s):

CANS Screening	<input type="checkbox"/> No	<input type="checkbox"/> Yes	CANS Level: 1 / 2 / 3
Suicidal Ideation/Gestures	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Self-Harming Behaviors	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Running/Elopement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Physically Aggressive	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Verbally Aggressive	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Tantruming	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Property Destruction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Sexual Acting Out	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Hyperactive	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Boundary Issues	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Stealing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Lying	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Defiant	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Eating Disorder(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Hoarding Food	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Sleeping Difficulties	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Learning Disabilities	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Difficulties with Hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Encopresis/Enuresis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Animal Cruelty	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Fire Setting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Hospitalization/Residential with in past 12 months	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

ADDITIONAL INFORMATION REGARDING BEHAVIORS:

What types of discipline methods do you use and are most effective with your child? _____

Potential triggers for this child: _____

Coping skills/techniques that are effective for this child: _____

What are this child's strengths? _____

What are this child's weaknesses? _____

Describe your child's likes and dislikes: _____

NURSE/MEDICAL INFORMATION:

(Child's Last Name, First Name, MI):	Preferred Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Current Age:
Name of guardian/parent		Home Phone Number:	Alternate Phone Number: (Specify)	

PRESCRIPTION MEDICATIONS:

All medications 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:

Medication:	Dosage:	Times Administered:	Reason for Medication:

Medication Prescriber's Name: _____ Phone Number: _____

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 Royal Family Kids' Camp's nurses to administer the above /medication on 8/8/2020

Parent or Legal Guardian Name (Printed) Parent or Legal Guardian Signature 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 Royal Family Kids' 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.

NO	YES		Specific directions for administering over-the-counter medications:
<input type="checkbox"/>	<input type="checkbox"/>	Sun Block	_____
<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"/>	Lipecac Syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

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

Allergies: _____

Illnesses/Medical Complications: _____

Disabilities/Limitations: _____

 Leg or Arm Braces Hearing Aides Wheel Chair Eating Disorder? No Yes, _____

Does your child need help with:

Bathroom: No YesDressing: No YesEating: No YesShower: No YesPhysical Activities: No Yes

Child's Swimming Ability:

 Poor Fair Advanced Do Not Know*Indicate date of illness, severity, complications, and any residual impairments:*

Respiratory Problems _____

Hypoglycemia _____

Musculoskeletal Allergies _____

Heart of Circulation _____

Dizzy Spells _____

Foot _____

Pulmonary Edema _____

Back _____

Seizure Disorders _____

Hay Fever _____

Anaphylactic Shock _____

Poison Oak _____

Balance Problems _____

Diabetes _____

Fainting _____

Insect Bites _____

Drug Allergies _____

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 you can:*

DTP Series _____ Booster _____

Mumps Vaccine (live) _____

Typhoid _____

Polio OPV (Sabin) _____

German Measles (Rubella) _____

Tuberculin (TB) Test _____

Tetanus Booster _____

Small Pox _____

Measles Vaccine (live) _____

MEDICAL RELEASE FORMS:

The 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 the 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 Kids Camp as legal guardian/social worker/other. I give my permission for _____ to attend Royal Family Kids' Camp in the summer of 2021 through Community of Hope Lutheran Church. Camper
Year

Authorized Signature_____
Printed Name_____
Date**MEDICAL INSURANCE INFORMATION:**

Primary Insurance Company: _____

Policy #: _____

Group #: _____

Signature_____
Relationship to Camper_____
Date

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