For Office Use

_____ Check _____ Cash

_____ Check #

_____ Amount Pd.

_____ Meds

Royal Family KIDS
of Good Shepherd Lutheran Church
8575 South 700 East Sandy, UT 84070

For Children 7-11 YEARS OLD

Registration for Camp Dates July 26-July 30, 2021

RETURN FORM TO GOOD SHEPHERD WITH $25 REGISTRATION FEE (above address)
ATTN: RFKC – Christine
REGISTRATION FEE IS WAIVED FOR 2021 CAMP

Instructions: Please Print. **This form must be completely filled out**. The information is vital to the health and safety of children at camp. **Your application will be returned to you if it is not complete.**

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

Date of Birth Child's Age Emotional Age

Name of person child is currently living with Relationship to child

Address City State Zip Email

Home Phone Work Phone Cell Phone

Alternate Emergency Contact Relationship to Child Phone(s)

Social Worker (if applicable) Phone Number

Child is living in: ☐ foster home ☐ kinship placement, relationship to child ______________________________

☐ adoptive home, adoption date______________ ☐ with biological parents # of placements? ______

Has your child attended a Royal Family KIDS camp before? ☐ No ☐ Yes, Where?______________________

Child's t-shirt size ☐ Child Medium ☐ Child Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large

Explain any unusual family circumstances that would make attending 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	Never		Often	Sometimes	Never
Aggressive	☐	☐	☐	Night Terrors	☐	☐	☐
Enuresis/Bedwetting	☐	☐	☐	Nightmares	☐	☐	☐
Encopresis	☐	☐	☐	Runs Away	☐	☐	☐
Biting	☐	☐	☐	Sexual Acting Out	☐	☐	☐
Oppositional	☐	☐	☐	Steals	☐	☐	☐
Hyperactive	☐	☐	☐	Tantrums	☐	☐	☐
Lying	☐	☐	☐	Withdrawn	☐	☐	☐
				Other ____________	☐	☐	☐

Please give us as much information as you can about your child so we can better serve them at camp. (For example: Diagnosis, eating habits, behaviors, fears, challenges, history of placement etc.)

SWIMMING: Swimming is an activity offered at camp, do you consent to your child participating in swimming? ☐ Yes ☐ No

Please note your child's swimming ability:

☐ Uncomfortable in water ☐ Unable to swim ☐ Beginner swimmer ☐ Proficient swimmer

HEALTH HISTORY:
Our camp nurse may contact you with questions. Please give us as much information as possible.

Allergies/Reactions____

Does your child need an Epi Pen at camp ? ☐ No ☐ Yes

Does your child have asthma? ☐ No ☐ Yes If yes, does your child need an inhaler at camp ☐ No ☐ Yes

Does your child have a history of any of the following conditions (check all that apply)

Eating Disorder	______	Diarrhea	______	Seizures	______
Ear Infections	______	Sleeping Difficulties	______	Fainting	______
Kidney Problems	______	Physical Limitations	______	Constipation	______
Hepatitis A, B, C	______	Anaphylactic Shock	______	Diabetes	______
Learning Disability	______	Numbness/Tingling	______	Other	______

Treatment specifics from above: ____

____

____

____

IMMUNIZATION HISTORY:

Is your camper up to date on their immunization? ☐ Yes ☐ No

Date of last TDAP (tetanus booster) ____________

PRESCRIPTION MEDICATIONS:

All medication sent to camp must be in original container with the pharmacy label on it. Do NOT pack medication in your child's luggage – you will turn it into the nurse at registration.

Medication	Dosage	Time Usually Given**	Reason for Medication	Special Instructions

** If medication is given at different times than indicated on medication container, please indicate so. Also, if medication is to be given at a specific time, please note this.

- No plastic bags for medications. Medication needs to be in original container.
- You may send medications that your child takes on an "as needed" basis. Indicate they are as needed and when they commonly need them.
- Do not send medications already divided up into days. If you wish to only send enough medication for the week that is ok as long as it is in the appropriate container.
- If there is non-prescription medication (over the counter) sent with the camper, it must be in original, labeled container. If it is to be given on a regular schedule, please indicate.
- Please send enough medication for the entire week.

Doctor's Name ____________________________________ Phone ____________________
Please add any other comments related to HEALTH and MEDICATIONS on an additional sheet.

MEDICAL RELEASE FORM:

I understand that it is my responsibility as guardian of this child to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp. I hereby authorize RFK's nurse to administer the above medication from the date of July 26 to July 30, 2021.

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 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 July 26-July 30, 2021through Good Shepherd Lutheran Church.
Camper Name

______________________	______________________	______________________	__________
Authorized Signature	Printed Name	Relationship to Child	Date

Phone number ______________________________ Child's Medicaid # ______________________

OR Child's Insurance provider__________________ Policy Number ___________________________

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give the Royal Family KIDS camp Registered Nurse permission to administer the following oral [over the counter] medications according to manufacturer's instructions, or as otherwise specified. **If you do not want your child to receive any of these medications, please do not mark the "Yes" box.** I trust the RFK Registered Nurse to use his/her best judgment as situations arise and if in doubt, he/she may call for verification.

This form must be completely filled out and signed by the child's parent/guardian.

YES		Specify dose of medication:
☐	Tylenol (acetaminophen)	________________
☐	Advil (Ibuprofen)	________________
☐	Cough Syrup/Drops	________________
☐	Decongestant	________________
☐	Laxative	________________
☐	Antihistamine	________________
☐	Anti-diarrheal	________________
☐	Anti-nausea	________________
☐	Melatonin	________________

The following topical [on the skin] products will be applied as needed for scrapes, cuts, insect bites, sun burn, or other instances where the skin has been bruised or compromised in any way. Please mark the "yes" box for each item you give consent to have applied.

YES	
☐	Sunblock
☐	Lip Balm
☐	Anti-Itch Creams
☐	Antibiotic Ointment
☐	Local Anesthetic Spray

Parent or Legal Guardian Signature: ____

Printed Name: ________________________________ Phone Number: ____________________