



Office Use Only	
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2017 CAMPER APPLICATION

PLEASE READ BEFORE COMPLETING THIS FORM:

Select the Camp you would like to attend. Child may only attend ONE camp. Please check only ONE.

- Santa Maria Camp: Monday, July 17 through Friday, July 21, 2017**
Mailing Address Royal Family KIDS, 751 E. Foster Road, Santa Maria, CA 93455
Contact Info: Jan Holford, santamariarkc@gmail.com (805) 264-0731
- Santa Barbara Camp: Monday, June 26, through Friday, June 30, 2017**
Mailing Address: Royal Family KIDS, PO Box 8614, Goleta, CA 93118
Contact Info: Kim Farauo, RoyalFamilySB@gmail.com (805) 455-1343

Please print legibly. This form must be filled out in its entirety. REQUIRED: Signature of authorized guardian AND signature of social worker on BOTH the application AND the release forms, no exceptions. **This application will be returned to you if it is not properly completed, including signatures on Pages 2, 3 & 4 which may jeopardize the child's space at camp.**

Has the child attended a Royal Family KIDS Camp before No Yes If so where: _____

We were referred by: Social Services Family Care Network Aspira Pathways Other _____

Child's last name: _____ First name: _____ Preferred name: _____

Child's date of birth: _____ Age: _____ Current emotional age: _____ Male Female

School: _____ Current Grade (2016/2017 school year): _____

The child is living with (check one): Foster parent Dependency caregiver Group home Relative Other _____

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

Street address: _____ City: _____ Zip: _____

Home phone: _____ Cell: _____ Work phone: _____

Email (very important!!): _____

SB County social worker's name: _____ Worker's Phone: _____

Social Worker's Email: _____

IF APPLICABLE: Foster agency social worker's name _____

Agency social Worker's Phone: _____ Agency social worker's Email: _____

Social Services agency Family Care Network Aspira Pathways Koinonia Other _____

Emergency contact person: _____ Relationship to child: _____

Emergency contact phone: _____ Alternate emergency phone: _____

#1 Authorized Person to Drop-Off/Pick-Up Camper: _____ Relationship to child: _____

#2 Authorized Person to Drop-Off/Pick-Up Camper: _____ Relationship to child: _____

CAMPER'S 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 and 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"/>

Please offer details of any behavior that could assist us with camper's week (i.e. camper wears pull-ups at night, etc):

CAMPER DETAILS:

Moved in foster/caregiver placement how many times? _____ Please explain any unusual family circumstances that make camp especially important for the child (for example: resent crisis, being moved in foster placement, severe economic needs, etc.): _____

Child's **SHIRT** size: Child medium Child Large Adult medium Adult Large Adult XL

This child's swimming ability is: Good Poor Do not know

Learning disabilities: Yes No Reading level: _____

HEALTH HISTORY: Indicate all known allergies, illnesses, disabilities, physical limitations or medical complications.

Allergies: _____

Illnesses/medical complications: _____

Disabilities/limitations: _____

Indicate date of illness, severity, complications and any residual impairment(s):

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 allergy _____ Other _____

Please offer details: _____

Any specific activities to be encouraged and/or restricted? _____

IMMUNIZATION HISTORY: Please fill in dates of basic immunizations and most recent booster as best you can and/or submit copies of doctor's immunization card. **Copy of doctor's immunization card attached.**

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

Typhoid _____ Measles vaccine _____ Tuberculin (TB) test _____

German Measles (Rubella) _____ Mumps vaccine _____ Small Pox _____

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

Is your child taking any medications: No Yes If yes, please complete the following:

1. Name (of medication) _____ Dosage: _____ Times: _____

2. Name (of medication) _____ Dosage: _____ Times: _____

What is the medication for: _____

Doctor's name: _____ Phone: _____

Please add any comments related to HEALTH and MEDICATIONS on a separate sheet.

*I understand that it is my responsibility as the child's 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 for the duration of camp. **ORIGINAL APPLICATIONS, MEDICAL RELEASE FORMS AND ORIGINAL SIGNATURES ON ALL FORMS MUST BE SUBMITTED OR YOUR APPLICATION WILL BE DELAYED AND/OR RETURNED.***

THE FOLLOWING TWO SIGNATURES ARE REQUIRED BEFORE THE APPLICATION WILL BE ACCEPTED:

Please sign using blue ink pen

Parent/Guardian signature **Print name** **Relationship to child** **Date**

Social worker signature **Print name** **Phone number** **Social worker email**

Return Completed Application to Appropriate Child Placement Coordinator
(SEE FIRST PAGE)



ROYAL FAMILY KIDS OF SANTA BARBARA COUNTY
For Foster Care Children Ages 7 to 12 Years

MEDICAL RELEASE FORM:

This health history is correct so far as I know, and the below 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 as legal guardian/social worker/other.

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 RFKC Registered Nurse to use her/his 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 that signs below or camper may not attend camp.

YES	NO		Additional Comments:
<input type="checkbox"/>	<input type="checkbox"/>	Sunblock	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent	_____
<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"/>	Ibuprofen	_____
<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"/>	TUMS	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-Lice Shampoo	_____

MediCal #: _____ **or Health Insurance Co. & Policy #** _____

I give my permission for _____ to attend Royal Family Kids of Santa Barbara County.
Child's Full Name

THE FOLLOWING TWO SIGNATURES ARE REQUIRED BEFORE THE APPLICATION WILL BE ACCEPTED:
Please sign using blue ink pen

_____ Parent/Guardian signature	_____ Print name	_____ Relationship to child	_____ Date
_____ Social worker signature	_____ Print name	_____ Phone number	_____ Social worker email

Physical Activity Release

Camper's Name _____

Name of Parent/Guardian _____

As the undersigned legal parent or caregiver, I request that my child be allowed to participate in the Royal Family KIDS (RFK) Camp. This Activity, Medical, and Transportation Permission and Release Form is effective on the date of my signature below, and will remain in full force and effect as long as my child participates with Royal Family KIDS Camp in any manner; it applies to all RFK Camp activities. I hereby give permission for my child to attend and participate in RFK Camp activities. I specifically authorize Royal Family KIDS to provide for, and arrange in my place, necessary medical care, as stated in the Medical Release Form. I hereby also give my permission for my child to ride in any vehicle designated by the adult(s) in whose care my child has been entrusted while participating in the RFK Camp activities.

In consideration for permitting my child to attend and/or participate in the RFK Camp activities included but are not limited to hiking, swimming, ropes course, archery, rock climbing wall, team recreation, etc. I do hereby release, and on behalf of my child release, Royal Family KIDS Inc., Royal Family KIDS of Santa Barbara County, supporting churches, the local leaders, volunteer assistants, San Marcos Christian Camp, and any designated driver of a van, bus, car, or other vehicle used in connection with RFK Camp ("Released Parties") from any and all claims for injuries, losses, damages, costs and expenses that I, and/or my child, might have against the Released Parties, arising out of, or in any way relating to, my child and the Camp activities, and I agree to hold the Released Parties harmless from any loss arising from such claims.

THE FOLLOWING TWO SIGNATURES ARE REQUIRED BEFORE THE APPLICATION WILL BE ACCEPTED:

Please sign using blue ink pen

Parent/Guardian Signature _____ Date _____

Social Worker Signature _____ Date _____