

For Office Use Only:

____ Received
____ Contacted
____ Meds



Return completed application to:

Mercy Vineyard Church
Atten: Wendy Bezotte
PO Box 1654
Moline, IL 61266
309-269-7408 ext 102
contact@royalfamilyqc.org

5 day camp for foster children 6-11 yrs old

Rock Island County

Sponsored by Mercy Vineyard Church
1801 10th Street, Moline, IL

2018 APPLICATION - JULY 23 - 27

*PLEASE fill out application completely. All pertinent information is required for child to be accepted to camp. Please do not fill out application for a child who turned 12 before April 2018. If you have questions about this paperwork, available space, or a child's eligibility for camp, please contact Karen Buchanan, Child Placement Coordinator, at karenswank66@hotmail.com or 309-794-4105 before 5 on weekdays, 309-749-8504 after 5 on weekends. **Application is due Friday, June 1, 2018.***

HAVE AN ADOPTED CHILD? If a returning RFK Camper has been adopted since last year's camp, they are still allowed to attend camp with us. If they have NOT attended camp and are adopted, we will consider taking them to camp if we are not able to fill camp with foster children from Rock Island County.

CHILD'S INFORMATION:

Child's Last Name First Name Preferred Name Sex Birthdate

Street Age at time of Camp Current Emotional Age

City Zip School Grade (entering fall 2018) Reading level

Child's T-Shirt Size: Youth M Youth L Adult S Adult M Adult L Adult XL

Child's shoe size (indicate child or adult size): _____ Pant size: _____

Has the child attended a Royal Family Kids Camp before? Yes, where? _____ No

SIBLINGS OF CHILD APPLYING TO RFKC THIS SUMMER:

If siblings of this child will also be applying to the Rock Island County RFK Camp, please provide their info so we can try to get all siblings to camp this summer.

Name of sibling also applying Biological Sibling Foster Sibling Sibling in Adoptive Family

Name of sibling also applying Biological Sibling Foster Sibling Sibling in Adoptive Family

Name of sibling also applying Biological Sibling Foster Sibling Sibling in Adoptive Family

PARENT/GUARDIAN INFORMATION:

The child is living with: Foster Parent Group Home Relative Adoptive Parents Biological Parent

If this child was adopted, when did this take place? _____
Month Day Year

At the time of camp, how long will this child have been living in current home? _____

Approximately when was this child placed in the current home? _____

Total number of foster or residential placements for child including current home: _____

Parent or Legal Guardian #1: _____
First Name Last Name Relationship to Child

Best Phone Number: _____ Email Address: _____

Parent or Legal Guardian #2: _____
First Name Last Name Relationship to Child

Best Phone Number: _____ Email Address: _____

Person Authorized to Pick Up Child: _____
First Name Last Name Cell Phone Number

Second Authorized Adult to Pick Up Child (if any): _____
First Name Last Name Cell Number

CASEWORKER/CHILD PLACEMENT AGENCY INFORMATION:

Child Placement Agency (Current or Past if Child has Been Adopted): _____

Case Worker Name: _____
First Name Last Name

Case Worker Phone (with Extension): _____ Email Address: _____

BACKGROUND/BEHAVIOR INFORMATION:

Please fill this out to the best of your ability. We as RFKC Staff want to make sure your child has a safe, healthy, fun time at camp. This information is extremely helpful! Challenging behaviors will NOT automatically prevent your child from attending camp, but will help us know how to best care for your child.

Why would this child's attendance at RFKC be important? Why would you like to see him or her attend camp? _____

For the following behaviors, if "often" or "sometimes" are checked, please provide any details that would be helpful to us in responding or helping the child. For example, if the child wets the bed, does he/she wear a pull-up, avoid drinking after a certain time of day, etc. If a child can be aggressive, what might trigger the aggression and toward whom are they aggressive? What is the best way to prevent nightmares or calm the child when one is experienced? Use back of form if necessary.

	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 & 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"/>

Details: _____

HISTORY/STORY: Please share this child's history or story so we can understand how to give him or her an even MORE amazing week at camp!

What situations may have been challenging for this child before living in your home? What circumstances is this child dealing with?

If this child attended Royal Family KIDS Camp in the past, what did he or she like about it? What positive changes or behaviors did you see upon their return home?

Please let us know strengths and positive things about this child. Use the back if necessary, writing as much as you'd like!

Please tell us what this child's interests, passions, etc are so our staff can make camp even more special (i.e. loves sports, interested in animals, favorite color is purple, enjoys crafts).

Any additional information you need for our staff or counselors to know while your child is at camp? _____

MEDICAL HISTORY & PRESCRIPTION MEDICATION INFORMATION:

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

Allergies _____

Disabilities/Limitations _____

Leg or Arm Braces Hearing Aids Eating Disorder Yes No

Check any and all illnesses or medical complications that apply & add details below.

Respiratory Problems Hypoglycemia Musculoskeletal Allergies Heart or Circulation

Dizzy Spells Foot Problems Pulmonary Edema Back Problems

Seizure Disorders Anaphylactic Shock Balance Problems Diabetes

Fainting Asthma ADD/ADHD Other (specify below)

Please indicate date of illness, severity, complications, and any residual impairments of above checked items: _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted due to medical issues?

Date of last physical: _____

Child's swimming ability: Excellent Good Poor Do not Know

Check immunizations that are NOT up to date to the best of your ability.

- DTP Series Tetanus Booster Measles Vaccine (Live) Smallpox
 DTP Booster Polio OPV (Sabin) TB Test (Tuberculin) Mumps Vaccine (Live)
 German Measles (Rubella) Other

If you checked any of the above immunizations saying this child has NOT RECEIVED THEM OR IS NOT UP TO DATE please explain: _____

Is your child taking any medications? No Yes, please fill in below

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

1. _____
Prescription Medication #1 Dosage Time of Day to Administer

Reason for Medication #1 How long child has been taking

2. _____
Prescription Medication #2 Dosage Time of Day to Administer

Reason for Medication #2 How long child has been taking

3. _____
Prescription Medication #3 Dosage Time of Day to Administer

Reason for Medication #3 How long child has been taking

4. _____
Prescription Medication #4 Dosage Time of Day to Administer

Reason for Medication #4 How long child has been taking

5. _____
Prescription Medication #5 Dosage Time of Day to Administer

Reason for Medication #5 How long child has been taking

Additional information we need to know about the above prescription drugs, vitamins, or over-the-counter medications sent to camp, or, additional meds if any:

Physician, PA, or NP for Child: _____
Name Phone Number

Child's Medicaid # _____

Please include a copy of the Child's Medicaid ID card with this application.

NON-APPROVED Medications / Treatments: Check ONLY those you DO **NOT** WANT the medical team to administer.

- | | |
|--|---|
| <input type="checkbox"/> Dramamine or Motion Sickness Medication | <input type="checkbox"/> Rubbing Alcohol |
| <input type="checkbox"/> Sunblock/Sunscreen | <input type="checkbox"/> Cough Syrup |
| <input type="checkbox"/> Insect Repellant | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Lip Balm | <input type="checkbox"/> Decongestant |
| <input type="checkbox"/> Rash Ointment | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Tylenol or Advil | <input type="checkbox"/> Pepto Bismal or Tums |
| <input type="checkbox"/> Antibiotic or Antiseptic Ointment | <input type="checkbox"/> Melatonin |
| <input type="checkbox"/> Band-aids | |
| <input type="checkbox"/> Anti-Itch Cream | |
| <input type="checkbox"/> Hydrogen Peroxide | |
| <input type="checkbox"/> Other _____ | |

Please explain why you said NO to the medications you checked above, if any. _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give the Royal Family KIDS Camp Registered Nurse and EMT permission to administer the above products according to manufacturer's instructions, or as otherwise specified.

I trust the RFK Camp Registered Nurse to use his/her best judgment as situations arise, and if in doubt, he/she can call for verification.

Parent or Legal Guardian's Signature: _____

Printed Name: _____

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATIONS

I understand that it is my responsibility as a caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp (Monday morning to Friday afternoon). I hereby authorize Royal Family KIDS Camp registered nurse to administer the above medications from Monday, July 23, 2018 to Friday, July 27, 2018.

Parent or Legal Guardian's Signature: _____

Printed Name: _____

MEDICAL RELEASE

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 director 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 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/caseworker/other. I give my permission for _____ to attend Royal Family KIDS Camp in the summer of 2018 through Mercy Vineyard Church.

Parent or Legal Guardian's Signature: _____

Printed Name: _____ Date: _____