



**CAMPER DETAILS:**

This child's swimming ability is:  Good  Poor  Do not Know  
Learning Disabilities:  Yes  No Reading Level: \_\_\_\_\_  
Has the child attended a Royal Family Kids Camp before?  Yes, where? \_\_\_\_\_  No  
Camper T-Shirt Size:  Child Small  Child Medium  Child Large  Adult Small  Adult Medium  Adult Large

**HEALTH HISTORY**

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

Allergies \_\_\_\_\_

Illnesses/medical complications \_\_\_\_\_

Disabilities/Limitations \_\_\_\_\_

Leg or Arm Braces  Hearing Aids Eating Disorder  Yes  No

Indicate date of illness, severity, complications, and any residual impairments.

Respiratory Problems \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Musculoskeletal Allergies \_\_\_\_\_  
Heart or Circulation \_\_\_\_\_ Dizzy Spells \_\_\_\_\_ Foot \_\_\_\_\_  
Pulmonary Edema \_\_\_\_\_ Back \_\_\_\_\_ Seizure Disorders \_\_\_\_\_  
Hay Fever \_\_\_\_\_ Anaphylactic Shock \_\_\_\_\_ Poison Oak \_\_\_\_\_  
Balance Problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Fainting \_\_\_\_\_  
Insect Bites \_\_\_\_\_ Drug Allergy \_\_\_\_\_ 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 as you can.

DTP Series \_\_\_\_\_ Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Polio OPV (Sabin)  
Typhoid \_\_\_\_\_ Measles Vaccine (live) Tuberculin (TB) Test  
German Measles (Rubella) \_\_\_\_\_ Mumps Vaccine (live) \_\_\_\_\_ Smallpox \_\_\_\_\_

**PRESCRIPTION MEDICATIONS:** All medication 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

1. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

2. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

3. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

What is(are) the medication(s) for: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

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 RFKC's nurse to administer the above medication from \_\_\_\_\_ to \_\_\_\_\_.  
Day/Date Day/Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**MEDICAL RELEASE FORM:**

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 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/social worker/other. I give my permission for \_\_\_\_\_ Camper \_\_\_\_\_ to attend Royal Family Kids' Camp in the summer of \_ \_\_\_\_\_ Year through [church name].

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
 Child's Medicaid # \_ \_\_\_\_\_ Signature: \_ \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ 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 RFKC Registered Nurse to use 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.

YES	NO		Specify if desired:
<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"/>	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"/>	Ipecac syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

Parent or Legal Guardian's Signature: \_ \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_  
 Person Authorized to pick-up child \_\_\_\_\_

**PLEASE NO CAMERAS OR MONEY. THESE ITEMS ARE NOT NEEDED AT CAMP.**