

For Office Use Only:

_____ Received
_____ Contacted
_____ Meds



Return completed application to:

Royal Family KIDS Quad Cities
Atten: Wendy Bezotte
PO Box 1654
Moline, IL 61266 OR email it to:
wendy@royalfamilyqc.org
Questions?
309-269-7408 ext 102

5 day camp for foster children 6-11 yrs old

Rock Island, Mercer, & Scott Counties

Sponsored by Mercy Vineyard Church

1801 10th Street, Moline, IL

2024 APPLICATION - JULY 14 - 19

*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 1, 2024. If you have questions about this paperwork, available space, or a child's eligibility for camp, please contact Rebekah Wilson, Child Placement Coordinator, at wilson.family06@yahoo.com or 614-390-1418. **Application is due Monday, May 6, 2024.***

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, Mercer, or Scott Counties.

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 2023) Reading level

Child's T-Shirt Size: Youth S 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 Quad Cities RFK Camp, please provide their info so we can try to get all siblings to camp this summer.

_____ 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
Name of sibling also applying

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: _____

What other programs does this child participate in?

- CASA YMCA Boys & Girls Club RFK Henry County
 RFK Mentoring Club Big Brothers Big Sisters Youth Hope Other _____

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"/> 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 14, 2024 to Friday, July 19, 2024.

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 2024 through Mercy Vineyard Church.

Parent or Legal Guardian's Signature: _____

Printed Name: _____ Date: _____

Relationship to Child: _____

MERCY VINEYARD CHURCH (MVC) ACTIVITY RELEASE AND CONSENT FOR ROYAL FAMILY KIDS CAMP: JULY 14-19, 2024

I consent for my foster child (or child) _____ to participate in the following specific activities sponsored by Mercy Vineyard Church and Royal Family KIDS Camp (RFKC) at the Menno Haven campground.

Activities include but are not limited to team challenge field activities and games, skits, hiking, boating, fishing, basketball, facilitated indoor rock-wall climbing, supervised archery, playground activities, swimming (boys & girls swim at separate times), arts and crafts, low ropes course, volleyball, bounce house, woodworking, and camp fires.

I understand that these activities and the facilities where they are conducted involve some inherent risks. Nevertheless, I want my child listed above to have the opportunity to participate in the activities sponsored by RFKC and Mercy Vineyard Church and this Activity Release is given in exchange for that opportunity.

Parent/Legal Guardian Signature

Date

WAIVER, RELEASE, AND INDEMNIFICATION FOR MVC & RFKC

I, individually, and in my capacity as foster parent, birth parent, or guardian of any listed child, waive, release, indemnify, and promise not to sue Mercy Vineyard Church or Royal Family KIDS Camp and all of its constituent organizations, agents, ministers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, including the released parties' own negligence, the have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, the listed child, my property, my spouse's property, or the property of any listed child. I fully assume the risks associated with participating in this activity. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts.

Parent/Legal Guardian Signature

Date