

Details from above: _____

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 Medium Child Large Adult Medium Adult Large Adult Extra 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 the most recent booster as best as you can.

DTP Series _____	Booster _____	Tetanus Booster _____	Polio OPV (Sabin) _____
Typhoid Vaccine _____		Measles Vaccine (live) _____	Tuberculin (TB) Test _____
German Measles (Rubella) _____		Mumps Vaccine (live) _____	Small Pox _____

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: _____
4. Name _____ Dosage: _____ Times: _____
5. 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 RFK's Camp 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 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/social worker/ other. I give my permission for _____ to attend Royal Family KIDS Camp in the summer of 2022 through [Bradley Epworth Church].
Camper

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 RFK Camp 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.

COVID-19 ADDENDUM TO 2022 PARENT / LEGAL GUARDIAN RELEASE FOR CAMP & CAMPER

This ADDENDUM is a part of and incorporated into the 2022 Camper Application previously executed. I hereby agree as follows:

1. I acknowledge that RFK Peoria Camp is taking reasonable precautions to mitigate the risks associated with COVID-19. I understand that such risks cannot be eliminated entirely, as COVID-19 may spread through multiple pathways. I also understand that although reasonable precautions are taken, my child may become infected with COVID-19. I also understand the health risks associated with COVID-19 infection including potential exposure to others including family members.
2. I expressly agree to accept and assume all risks associated with COVID-19 related to my child's participation in the Program. I have elected to allow my child to participate in the Program despite the risks of COVID-19. I recognize that this decision is purely voluntary and that I have the right to discontinue my child's participation in the Program at any time.
3. I understand that RFK Peoria Camp may modify and/or cancel a Program as a result of COVID-19 issues or may be directed to modify and/or cancel a Program by government authorities.
4. I understand that RFK Peoria Camp reserves the right to segregate, remove, quarantine, and/or dismiss my child for COVID-19 reasons and/or take all reasonable steps to maintain and protect the health and welfare of my child and other Campers, staff, and volunteers.
5. I acknowledge that I will remain solely responsible for my other costs incurred in connection with my child's participation in the Program, including transportation and incidental costs, even in the event that RFK Peoria Camp is required to or deems it necessary to cancel or modify the Program, or RFK Peoria Camp dismisses my child from the Program.
6. I represent to RFK Peoria Camp or will represent to RFK Peoria Camp prior to presenting my child for participation in the Program that, to my knowledge, my child (a) has not been diagnosed with COVID-19, (b) has not been exposed to a person presumed or confirmed to have COVID-19 within the fourteen days preceding my child's participation in the Program, and (c) is free of any signs and symptoms of COVID-19 (which may include a fever, a dry cough, excessive fatigue, shortness of breath). I represent I will notify RFK Peoria Camp of any change in my child's medical status that occurs prior to the start date of the term for which he/she is registered.
7. ***I HEREBY VOLUNTARILY RELEASE, WAIVE, AND FOREVER DISCHARGE ANY AND ALL CLAIMS AGAINST RFK PEORIA CAMP MINISTRIES, ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS AND ALL OTHER PERSONS OR ENTITIES AFFILIATED WITH RFK PEORIA CAMP OR ACTING ON ITS BEHALF THAT RELATE IN ANY WAY TO COVID-19, INCLUDING BUT NOT LIMITED TO ANY CLAIM ARISING FROM OR RELATING TO MY CHILD'S EXPOSURE TO, INFECTION WITH, OR***

OTHER HARM RELATED TO COVID-19 WHILE PARTICIPATING IN THE PROGRAM AND/OR FOLLOWING PARTICIPATION IN THE PROGRAM, AND ALSO INCLUDING HARM RELATED TO MY CHILD'S SPREAD OF COVID-19 TO ME AND/OR OTHERS INCLUDING FAMILY MEMBERS. I FURTHER AGREE TO REIMBURSE RFK PEORIA CAMP FOR ATTORNEY FEES INCURRED RELATED TO ENFORCING THIS WAIVER PROVISION.

8. I agree to indemnify and hold harmless RFK Peoria Camp from and against any liabilities, claims, causes of action, suits, losses, fines, judgments, settlement, and expenses (including reasonable attorney fees) which may be incurred by RFK Peoria Camp as a consequence of my child's exposure to COVID-19 resulting in the illness or infection of a third-party.

9. The provisions of this Addendum are severable, and if any provision of this Addendum is held to be invalid or unenforceable, the remaining provisions will remain in full force and effect.

10. This Addendum is intended to supplement the 2022 Camper Application previously executed and is in addition to the terms stated therein, which shall remain in full force and effect.

By signing this **ADDENDUM**, which includes an **ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT RELATED TO COVID-19**, I expressly state that I have had sufficient opportunity to read it in its entirety. I further certify that I have read and understood it, and I agree to be bound by its terms.

Parent or Legal Guardian Signature

Printed Name

Date