

<p>Sponsored by: <b>Life Community Church</b> 626 West Bottom Ave. Columbia, IL 62236 618-541-0377</p> <p>Child Name:</p> <p>Age:</p>	 <p><b>one life</b> for children in foster care ages 6-12 years old <b>Camp Date: July 24-28, 2023</b></p>	<p><b>Return Completed Application to:</b></p> <p>Life Community Church Attn: Kelly Meurer 626 West Bottom Ave. Columbia, IL 62236</p> <p><b><i>Please enclose a photo of the camper.</i></b></p>
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## REGISTRATION FORM

**Instructions:** *Please Print.* This form must be completely filled out. The information is vital to the health and well being of the child.

Your application will be returned to you if it is not completely filled in.

Child's Last Name	First Name	Preferred Name	Sex	Birthdate
Street			City	Zip
Age	Current Emotional Age	School	Grade	Reading level
The child is living with: (Circle one)    Foster Parent    Group Home    Relative				
Name(s) of person(s) the child is living with				
_( ) // _ ( )				
Home Phone:			Work Phone	
Emergency Contact			( ) Phone	
Relationship to Child				
Social Worker			( ) Day Phone Number	
Moved in Foster Placement how many times? _____				

Explain any unusual family circumstances that make camp especially important for the child:  
(for example: recent crisis, being moved in a foster placement, severe economic needs, etc.)

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**CAMPERS EMOTIONAL/BEHAVIORAL HISTORY**

	Often	Sometimes	Not at all
Aggressiveness	___	___	___
Bedwetting	___	___	___
Biting	___	___	___
Eating Disorders	___	___	___
Hyperactive	___	___	___
Learning & Disabilities	___	___	___
Lying	___	___	___
Night Terrors	___	___	___
Nightmares	___	___	___
Runs Away	___	___	___
Sexual Acting Out	___	___	___
Steals	___	___	___
Tantrums	___	___	___
Withdrawn	___	___	___

Details from above:

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With behaviors how do you respond? We want to try to stay consistent with what you're doing at home:

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**CAMPER DETAILS:**

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

Learning Disabilities: Yes // No

Has the child attended a sleep away CAMP before?    Yes // No

Where? \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ Illn  
esses/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?

\_\_\_\_\_

**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 **one life** CAMP nurses to administer the above medication from \_\_\_\_\_ to \_\_\_\_\_.  
Day/Date Day/Date

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

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

**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 **one life** 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 **one life** CAMP as legal guardian/social worker/other. I give my permission for \_\_\_\_\_ to attend **one life** CAMP in the summer of \_\_\_\_\_ through **Life Community church**. Camper  
Year

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Date

Child's Medicaid # \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

I hereby give the **one life** CAMP Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the **one life** 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 blow. This form must be completely filled out by the primary caregiver who signs below, or camper may not attend camp.

Circle one:		Specify if desired:
yes/no	Sunblock	_____
yes/ no	Insect repellent	_____
yes/no	Lip balm	_____
yes/no	Rash ointment	_____
yes/no	Tylenol	_____
yes/no	Antiseptic ointment	_____
yes/no	Band-aids	_____
yes/no	Anti-itch cream	_____
yes/no	Hydrogen peroxide	_____
yes/no	Cough syrup	_____
yes/no	Cough drops	_____
yes/no	Decongestant	_____
yes/no	Antihistamine	_____
yes/no	Ipecac syrup	_____
yes/no	Other	_____
yes/no	Other	_____

Parent or Legal Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

**Person Authorized to pick-up child** \_\_\_\_\_

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

COVID RELEASE:

I take full responsibility for my child's health. **one life** CAMP and Life Community Church are in no way liable if my child would contract COVID-19. I know the risk of gathering in a group and I accept full responsibility for my choice to send my child to **one life** CAMP.

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Print NAME

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Date

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Signature