

CAMPER DETAILS:

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

Learning Disabilities: Yes No Reading Level: _____

Has the child attended Royal Family Kids Camp or Xtreme Life before? Yes, where? _____ No

Camper T-Shirt Size: Child Small Child Medium Child Large Adult Small Adult Medium Adult Large

Swimsuit Size: _____ Shoe size: _____ Pant size: _____

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) _____ 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: _____

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 Xtreme Life'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 Xtreme Life 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 Xtreme Life as legal guardian/social worker/other. I give my permission for _____ Camper to attend Xtreme Life Camp in the Fall of _____ Year through KidS³, Inc.

Authorized Signature _____ Printed Name _____ Date _____

Child's Medicaid # _____ Signature: _____

Relationship to child: _____ Date _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give Xtreme Life's Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the Xtreme Life 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"/>	lipecac 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 _____

KidS³, Inc. has permission to give photographs of this child to other children in their photo albums.

Parent or Legal Guardian's Signature: _____

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