Return Completed Application to:

Tasha Whitener 2500 Dallas Highway Suite 202, #480 Marietta, GA 30064 or julie@kids3.org

Please enclose a photo of the camper.

Xtreme Life

For teens ages 12-17 in foster care Sponsored by KidS³, Inc.





2500 Dallas Hwy, Suite 202, #480 Marietta, Ga 30064 October 6-8, 2017 (Girls) • October 20-22, 2017 (Boys)

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 N	lame	Preferred Name		Sex	Birthdate
Street			Age		Current Emotional Age		
City			Zip	School		Grade	Reading level
he child is living with: (Check one)		☐ Fos	☐ Foster Parent ☐ Gro			☐ Relative	
Name(s) of person(s) the	child is livir	ng with					
()			()				
Home Phone:			Work Phone		Email		
				()		
Emergency Contact				Phone	./		
Relationship to Child							
, , , , , , , , , , , , , , , , , , ,			(
Social Worker Name/Age	ncy/Count		(/ Day Phone Nu	ımher	Email		
		· y	_ a,				
Moved in Foster Placeme	nt how mar	ny times? _					
Evaloin a		l family air	umatanasa that	maka sama sanas	رصن براامن	oortont for the	, abildi
				make camp espec ster placement, sev			
(IOI EXAI	Tiple. Tecel	it Grisis, De	ing moved in los	ster placement, sev	616 666	mornic needs	, 610.)
		CAMPER	S EMOTIONAL /	BEHAVIORAL HIS	TORY		
			Not at all	DETIATIONAL THE	Ofter	n Sometim	es Not at all
Aggressiveness				Night Terrors			
Bedwetting				Nightmares			
Biting				Runs Away			
Eating Disorders				Sexual Acting Ou	ıt 🗆		
Hyperactive				Steals			
Learning & Disabilities				Tantrums			
Lying	ā	ā		Withdrawn			
Details from above:							
Details from above:							
Details from above:							

CAMPER DETAILS: This child's swimming ability is: ☐ Good ☐ Poor ☐ Do not Know Learning Disabilities: ■ 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 _____ Musculoskeletal Allergies ___ Hypoglycemia Heart or Circulation Dizzy Spells Foot Pulmonary Edema Seizure Disorders Back 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) Measles Vaccine (live) _____ Tuberculin (TB) Test Typhoid 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 Dosage: Times: 1. Name Times: 2. Name Dosage: Times: 3. Name Dosage: 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 Day/Date

Printed Name

Date

Parent or Legal Guardian Signature

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 ___ to attend Xtreme Life Camp in the Fall of ___ Camper 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: Sunblock Insect repellant Lip balm Rash ointment Tylenol Antiseptic ointment Band-aids Anti-itch cream Hydrogen peroxide Cough syrup Cough drops Decongestant Antihistamine lipecac syrup Other Other Other 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.