**Koori Kids Camps**

**Your culture - Your People - Your Connection**

Child’s Photo:

**Registration Form**

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| --- |
| Child’s details |

First Name: Last Name:

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| --- | --- | --- |
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Preferred Name: Date of Birth:

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|  / / |

Home Address:

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Age of child at time of camp:

[ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16

Emotional age:

[ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16

Child’s year level:

[ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

Child's T-Shirt Size:

[ ]  Small [ ]  Medium [ ]  Large

|  |
| --- |
| Person filling in this form:  |

First Name: Last Name: Phone Number: Date of Birth:

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Email:

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Relationship to child:

[ ]  Biological Parent [ ]  Caseworker [ ]  Foster Parent [ ]  Adoptive Parent [ ]  Relative [ ]  Kinship Carer

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| --- |
| Caseworker / Child Placement Agency |

**Caseworker information:**

First Name: Last Name: Mobile CSC Phone:

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Email:

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CSC Address:

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**Caseworker Manager information:**

First Name: Last Name: Mobile CSC Phone:

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Email:

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CSC Address:

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| Parent/Guardian details |

**Parent or Legal Guardian #1**
First Name: Last Name: Mobile Work Phone:

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Home Phone: Relationship to the chid:

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Email:

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Home Address:

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**Parent or Legal Guardian #2**
First Name: Last Name: Mobile Work Phone:

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Home Phone: Relationship to the chid:

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Email:

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Home Address:

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| Authorised people to pick up the young person |

Who is authorised to pick up the child from camp?

**Authorized Adult #1**
First Name: Last Name: Mobile

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| --- | --- | --- | --- | --- |
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**Authorized Adult #2**

First Name: Last Name: Mobile

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| Background & Behavioural Information |

 *Please fill this out to the best of your ability. We want to make sure your child has a safe, healthy, fun time at camp. This information is extremely helpful and important.*

1. Home is best described as:

[ ]  Biological Parent’s Home [ ]  Foster Carer’s Home [ ]  Group Home

[ ]  Adoptive Parent’s Home [ ]  Relative’s Home [ ]  Residential Treatment

[ ]  Home for Unaccompanied Refugee Minor

2. If child is in out of home care, when did they come into care?

|  |
| --- |
|  / / 20 |

3. At time of camp, how long will this child have been living in current home?

[ ] 1 month [ ] 2 months [ ] 3 months [ ] 4-6 months

[ ] 1-2 years [ ] 2-3 years [ ] 3-4 years [ ] 4+ years

4. Including current home, how many homes has the child lived in since placement?

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5+

5. Why do you want the child to attend Koori Camps?

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6. How will attending Koori Camps benefit the child?

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7. Does this child wet themselves?

[ ]  Never [ ]  Rarely [ ]  Frequently [ ]  Always

[ ]  I do not know

If the child wets themselves, what information do the camp staff need to know?

(i.e., wears pull-ups, shouldn’t drink liquids after certain time, just need to be aware, etc.)

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8. Does this child display aggressive behaviours?

[ ]  Never [ ]  Rarely [ ]  Frequently [ ]  Always

[ ]  I do not know

If the child is aggressive, what information do the camp staff need to know?

(i.e., what behaviours are they, what are the triggers, to whom is the child aggressive etc.)

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9. Does this child bite?

[ ]  Never [ ]  Rarely [ ]  Frequently [ ]  Always

[ ]  I do not know

10. Does the child deal with any of the following eating disorders or issues around food?

[ ]  Anorexia [ ]  Bulimia [ ]  Over-eating/Gorging [ ]  No Eating disorders/issues

[ ]  I do not know of any eating disorders, hoarding or stealing food

If the child does have issues with food, what information do the camp staff need to know?

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11. Has the child ever started (non-campfire) fires?

[ ]  Never starts fires [ ]  Started a few fires in the past [ ]  Started many fires in the past

[ ]  I do not know about fire starting habits

If the child has set fires, what information do the camp staff need to know?

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12. How would you describe this child's hyperactivity?

[ ]  Very Calm [ ]  Somewhat Hyperactive [ ]  Frequently Hyperactive

[ ]  Always Hyperactive [ ]  I do not know

13. How would you describe this child’s attention span?

[ ]  Terrific attention span [ ]  Needs redirecting [ ]  Very short attention span

[ ]  I do not know

14. Please let us know if any of the following learning difficulties exist for this child.

[ ]  No learning difficulties [ ]  Dyslexia or reading difficulties

[ ]  Hearing impairment [ ]  Vision impairment (that would affect time at camp)

[ ]  I do not know

If these learning difficulties, what information do the camp staff need to know?

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15. Does this child tell lies?

[ ]  Never lies [ ]  Rarely lies [ ]  Frequently lies [ ]  Always lies

[ ]  Can’t tell lies from truth [ ]  I do not know if this child has a habit of lying.

If this child does have a habit of lying, what information do the camp staff need to know?

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16. Does this child have night terrors?

[ ]  No night terrors [ ]  Rarely has night terrors [ ]  Frequently has night terrors

[ ]  I do not know

Please let us know how to calm your child or prevent night terrors.

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17. Does this child have nightmares?

[ ]  No nightmares [ ]  Rarely has nightmares [ ]  Frequently has nightmares

[ ]  I do not know

Please let us know how to calm your child or prevent nightmares.

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18. Has your child run away from a situation or from home?

[ ]  Never runs away [ ]  Rarely runs away [ ]  Frequently [ ] Always

[ ]  I do not know

Please let us know how to calm your child or identify triggers.

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19. Does this child act out sexually?

[ ]  Does not act out sexually [ ]  Touches self [ ]  Touches others [ ]  Flirts

[ ]  Pays inappropriate attention to adults

[ ]  I do not know of any sexualised behaviour

If this child does act out sexually, what information do the camp staff need to know?

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20. Does this child steal things?

[ ]  Never steals [ ]  Rarely [ ]  Frequently [ ]  I know of stealing in the past, but not currently

[ ]  I do not know

If this child does steal or take things, what information do the camp staff need to know?

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21. Does this child have tantrums or anger issues?

[ ]  Never [ ]  Rarely [ ]  Frequently

[ ]  I do not know

If this child does have tantrums or anger issues that are beyond normal childhood frustrations, please let us know how to redirect or prevent outbursts.

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22. Does this child withdraw?

[ ]  Never [ ]  Rarely [ ]  Frequently

[ ]  I do not know

If this child is withdrawn, what information do the camp staff need to know?

(i.e., certain circumstances cause this )

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**HISTORY - LIFE STORY**

*Please share this child's history or story so their experience at camp can be enhanced.*

Childstory

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Young person’s strengths

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| --- |
|  |

Young person’s interest/passion/hobbies

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Additional information for staff counsellors

(i.e., challenges, current change in circumstance etc)

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**MEDICAL HISTORY**

**Prescription Medication**

1. List all known allergies (i.e., food, plants, medications, animals, etc.)

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2. What is your child’s swimming ability?

[ ]  Poor [ ] Good [ ]  Excellent [ ]  I do not know

3. Please indicate if the young person has any of the below illnesses or medical conditions (check all that apply)

[ ]  ADD [ ]  ADHD

[ ]  Respiratory Problems [ ]  Musculoskeletal Allergies

[ ]  Food Allergies [ ]  Topical Allergies (lotion, sunscreen, etc.)

[ ]  Medicine Allergies [ ]  Foot Problems

[ ]  Dizzy Spells and/or Fainting [ ]  Back Problems

[ ]  Seizure Disorders [ ]  Anaphylactic

[ ]  Shock Balance Problems  [ ]  Asthma

[ ]  Hypoglycaemia  [ ]  Heart

[ ]  Circulation Problems [ ]  Pulmonary Oedema

[ ]  Hay Fever [ ]  Poison Oak / Poison Ivy

[ ]  Type 1 Diabetes (previously insulin-dependent)

[ ]  Type 2 Diabetes (previously non-insulin dependent)

[ ]  Insect Bite Allergies (i.e., mosquitoes, bees, wasps, etc.)

[ ]  Recent Surgery or Recent Broken Bones

Please explain each medical issue you checked above

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4. Are there any specific activities which are DISCOURAGED for medical reasons while at camp?

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**NON-APPROVED Medications / Treatments:**

Is there anything you DO NOT WANT the medical team to administer?

[ ]  Sunblock/Sunscreen [ ]  Insect Repellents

[ ]  Lip Balm [ ]  Rash Ointment

[ ]  Tylenol or Advil  [ ]  Antiseptic Ointment

[ ]  Band-Aids [ ]  Anti-Itch Cream

Other?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why you said NO to the medications you checked above

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**Prescription & Over-the-Counter Medications:**

*Include all prescription or over-the-counter medications, vitamins, or inhalers the child will be bringing to camp.*

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 I authorize SAFSS staff to administer the medications***.***

[ ]  Yes - I understand that sharing medical information, medications, and dosages are my responsibility.

1. **Prescription or Over-the-Counter Medication #1**

Name: Dosage: Time of day

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Reason for medication: How long has the child been taking the medication:

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Further information:

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1. **Prescription or Over-the-Counter Medication #2**

Name: Dosage: Time of day

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Reason for medication: How long has the child been taking the medication:

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Further information:

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1. **Prescription or Over-the-Counter Medication #3**

Name: Dosage: Time of day

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Reason for medication: How long has the child been taking the medication:

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Further information:

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1. **Prescription or Over-the-Counter Medication #4**

Name: Dosage: Time of day

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Reason for medication: How long has the child been taking the medication:

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Further information:

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1. **Prescription or Over-the-Counter Medication #5**

Name: Dosage: Time of day

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Reason for medication: How long has the child been taking the medication:

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Further information:

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What IMMUNIZATIONS are **NOT UP TO DATE**

[ ]  DTP Series [ ]  DTP Booster [ ]  Tetanus Booster

[ ]  (Sabin) [ ]  Measles Vaccine [ ]  TB Test (Tuberculin)

[ ]  German Measles [ ]  Smallpox Mumps Vaccine [ ]  (Rubella) [ ]  Polio OPV

NB: If the child is 12 years of age and over you must provide proof of COVID vaccination.

Please provide further details if any of the above immunisations NOT RECEIVED or NOT UP TO DATE:

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* Photos will be taken of the children at camp for organisational and promotional purposes.
* **Please advise if a child will need to be de-identified.**

Parent/ Guardian/ Carer/case worker/casework manager

Print Name: ………………………………………………………………

Signature: ……………………………………………………………

Date: ………………………………………………………………Bottom of Form