**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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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

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| 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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**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?

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| / / 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