

Group Preference

\_\_\_\_ GROUP 1: June 21 to July 1 AND July 5 – July 15  
\_\_\_\_ GROUP 2: July 19 to July 29 AND August 2- August 12  
\*YOU MUST ATTEND BOTH SESSIONS IN THE GROUP\*

Siblings Attending

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

KIDDIE KEEP WELL CAMP

2022 CIT APPLICATION

(Must be filled out completely by LEGAL PARENT/GUARDIAN only)

**\*\*This is a residential (sleepaway) program\*\***

NAME OF CHILD \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST M.I GENDER BIRTHDAY

ADDRESS \_\_\_\_\_ NJ  
STREET CITY/TOWN STATE ZIP CODE

SCHOOL \_\_\_\_\_  Parochial  Private  Public CURRENT GRADE: \_\_\_\_\_

PREVIOUS CAMPER \_\_\_ YES \_\_\_ NO If so, what year(s)? \_\_\_\_\_

LEGAL PARENT/GUARDIAN \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE #1 \_\_\_\_\_ (home/cell/work) PHONE #2 \_\_\_\_\_ (home/cell/work)

EMAIL \_\_\_\_\_ CURRENTLY LIVING WITH CHILD? \_\_\_ YES \_\_\_ NO

SECOND PARENT/GUARDIAN \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE #1 \_\_\_\_\_ (home/cell/work) PHONE #2 \_\_\_\_\_ (home/cell/work)

AUTHORIZED TO PICK UP CHILD? \_\_\_ YES \_\_\_ NO CURRENTLY LIVING WITH CHILD? \_\_\_ YES \_\_\_ NO

*Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.*

IS THIS CHILD CURRENTLY IN FOSTER CARE? \_\_\_ YES \_\_\_ NO

IF YES, NAME OF FOSTER CARE AGENCY \_\_\_\_\_ PHONE # \_\_\_\_\_

**EMERGENCY CONTACTS MUST BE DIFFERENT FROM THE GUARDIAN AND PARENTS LISTED ABOVE.**

I authorize the following person(s) or agency to be contacted in the event of an emergency and I cannot be reached. I also authorize the following person(s) or agency to be contacted and authorize my child to be turned over to this person(s) if for any reason my child must leave camp and I am not available. Initial

EMERGENCY CONTACT #1 \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PHONE #1 \_\_\_\_\_ (home/cell/work) PHONE #2 \_\_\_\_\_ (home/cell/work)

EMERGENCY CONTACT #2 \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PHONE #1 \_\_\_\_\_ (home/cell/work) PHONE #2 \_\_\_\_\_ (home/cell/work)

RELEASE OF INFORMATION AUTHORIZATION

I, \_\_\_\_\_, hereby give permission to Kiddie Keep Well Camp to secure information concerning my child, \_\_\_\_\_, in order for the Camp to determine eligibility for enrollment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR CAMP USE ONLY (CHECK ONCE RECEIVED)

RECEIVED \_\_\_\_\_ USDA \_\_\_\_\_ HR \_\_\_\_\_ IC \_\_\_\_\_ SESSION \_\_\_\_\_ ENT \_\_\_\_\_

HEALTH INFORMATION

Allergy (Food, Medicine, Environment, etc.)	Reaction (hives, throat swelling, shortness of breath, etc.)

Diet & Nutrition

- This camper eats a regular diet
- This camper eats a regular vegetarian diet
- This camper has special food needs (please describe) \_\_\_\_\_

Does your camper experience?

- Frequent Sore Throat
- Sleepwalking
- Bed Wetting

List date and explain any other diseases, disabilities, accidents or operations:

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MEDICATIONS

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. You are required to bring any prescription medication in the original pharmacy containers with labels which show the camper’s name and how the medication should be administered. Provide enough of each medication to last the entire time the camper will be at camp.

- This camper will not take any daily medications while attending camp
- This camper will take the following medications while at camp:

Medication Name	Reason for taking it	When it is given	Dosage
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time _____	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time _____	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time _____	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time _____	

DOCTOR’S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 DENTIST’S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE RETURN THE COMPLETED APPLICATION AND ADDITIONAL PAPERWORK TO YOUR SCHOOL NURSE

ONLY COMPLETE APPLICATIONS WILL BE REVIEWED

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The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should NOT be given.

Acetaminophen (Tylenol)  
Aloe  
Antibiotic cream  
Bismuth subsalicylate (Kaopectate, Pepto-Bismol)  
Calamine lotion  
Dextromethorphan cough syrup (Robitussin DM)  
Diphenhydramine antihistamine/allergy medicine (Benadryl)

Generic cough drops  
Guaifensin cough syrup (Robitussin)  
Hydrocortisone cream  
Ibuprofen (Advil, Motrin)  
Lice shampoo or cream (Nix or Eliminate)  
Pseudoephedrine decongestant (Sudafed)  
Sore throat spray

INSURANCE INFORMATION (to be used for emergencies, special tests, X-rays, or medical consultations.)

[Please attach a copy of insurance card](#)

\*\*\*\*\*Health Insurance is not a requirement to attend camp

Health Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

Does the child wear glasses? Yes \_\_\_\_ No \_\_\_\_ Eyeglass insurance? Yes \_\_\_\_ No \_\_\_\_

If yes, name of Eyeglass Insurance Company \_\_\_\_\_

My child may participate in swimming: Yes No

Does camper require earplugs for swimming? Yes No

Is the child in Special Education? Yes No

If yes, please provide a copy of your child's Individual Education Plan (IEP)

- Please list the number of children in the classroom: \_\_\_\_\_
- Please list the number of teachers in the classroom: \_\_\_\_\_

Will the child be attending another camp this summer? Yes No

If yes, please note where and when to avoid potential conflicts \_\_\_\_\_

Has the camper:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has your child been diagnosed with learning disability?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your child been diagnosed with Autistic or having Asperger's Syndrome  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your child been diagnosed with ADD/ADHD  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has your child ever been diagnosed with a speech or language disability?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. During the past 12 months, seen a professional to address mental/emotional health concerns?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Had a significant life event that continues to affect the camper's life?<br>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you or the school have concerns about your child's behavior in school?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has your child ever been suspended from school?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the question(s).

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Please give a brief developmental history of your child. Include anything that you feel may help us understand your child. Our ability to help your child will be heightened if you share with us any such information.

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LEGAL PARENT/GUARDIAN AUTHORIZATION SECTION

PERMISSION FOR TREATMENT-DENTAL

In the event of any accident or emergency, the assigned Dental Staff or Camp Dentist has my permission to follow through on any treatment necessary including extractions as prescribed by the Camp Dentist.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PERMISSION FOR TREATMENT-MEDICAL

I the undersigned parent/guardian hereby grant permission to the medical staff or consulting physician at Kiddie Keep Well Camp, Inc. to administer medications and provide medical care for the attending camper. I also give consent for any emergency transportation deemed necessary. I understand that all attempts will be made to reach an emergency contact or me before any action is taken. If no contact is available, the decision to treat my child will be made by the camp medical advisor and camp director. I also understand that Kiddie Keep Well Camp, Inc. will treat all information pertaining to my child as confidential, however, I agree that said information may be shared with /released to appropriate personnel and/or third parties for the purpose of treating and/or supervising my child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ASSUMPTION OF RISK

I understand that part of the camping experience involves activities and group living arrangements and interaction that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHOTO RELEASE

I give Kiddie Keep Well Camp session sponsors and selected news media permission to photograph and use pictures or videos of my camper either alone or in a group for newsletters, fundraising activities, camp albums, or for use in public understanding and support of programs for children of Middlesex County. Kiddie Keep Well Camp Inc. respects the privacy of its campers and their families and does not allow unauthorized visitors to photograph the camp or campers.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RELEASE OF LIABILITY

In consideration of the opportunity afforded my child to participate on a voluntary basis in the Kiddie Keep Well program organized by Kiddie Keep Well Inc. I hereby waive any right or cause of action arising as a result of my child's participation in said camp program from which any liability may or could occur against Kiddie Keep Well Camp, or its officers, directors, agents, employees and/or volunteers, either collectively or individually.

I fully understand and agree to the terms stated above and agree that all information is complete and correct to the best of my knowledge.

LEGAL PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

CAMP STAFF SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

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