

Medical information

PLEASE BRING THIS FORM TO CAMP ON YOUR FIRST DAY

IF YOU HAVE BOOKED ON BEHALF OF OTHER PARENTS/CHILDREN, PLEASE ENSURE THEY RECEIVE A COPY OF THIS FORM

Child's Surname: _____ Invoice number:

Child's First Name(s): _____

Camp Location : _____

Dates Attending: (please circle relevant dates) Day Camps: 6/7 13/7 20/7 27/7 3/8 10/8 17/8 24/8 1&3 Day Pass Dates: _____

General:

Gender: _____

Age: _____

Date of Birth: _____

Guardian Details: _____

Permanent Address: _____

Home tel: _____

Work tel: _____

Mobile: _____

Email: _____

Name, address and contact details of other designated person if parent cannot be contacted:

Name and telephone Number of family doctor:

Name and friends or relatives attending camp at the same time:

Does your child have a Birthday whilst at camp? **YES / NO**
(If you would like us to order a cake for your child & their group, please call the booking line on 01263 823 000. Cakes cost £15)

Medical Information:

Has your child any recent injuries? **YES / NO**
if YES please give details: _____

Has your child been exposed to any communicable disease within the last three weeks. **YES / NO**
If YES please state which disease, and when exposed: _____

If your child arrives at camp sick, we will assume the illness began at home and call you immediately for an explanation. Please do not send children who are sick or appear to be sick or who appear to be incubating an illness. This is inconsiderate and can spread infection throughout the group at the camp. If there are any specific conditions for which the child must either be observed or receive medication and/or treatment on a regular basis, you will be required to complete and sign a medical administration form at registration. Medicine can only be administered if this form has been completed. A minimum of 48 hours must have passed since the last symptoms have presented before a child can return to the group.

Some conditions may require longer absences, please call our Customer Care team for details. Parents are advised to ensure children know how to apply their own sun cream. The youngest children are likely to need some help with application and if this is the case, do give us permission to apply sun cream if necessary? **YES / NO**

Please state any allergies your child may have to food/drugs/other (eg: nuts / bees / face paints / paracetamol). _____

Date of your child's last tetanus injection: _____

Is your child allowed Paracetamol? **YES / NO**

SHOULD WE BE UNABLE TO REACH YOU OR YOUR DOCTOR IN AN EMERGENCY WE MUST ACT UPON OUR DOCTOR'S ADVICE – PLEASE ADVISE US IF THERE ARE ANY TREATMENTS THAT YOU DO NOT PERMIT YOUR CHILD TO BE SUBJECT TO.

Please indicate your understanding of the above by ticking this circle.

Please write any additional information you feel we should have concerning your child on the back of this form. If your child has special needs that we need to know about in advance please only then return this form to the Customer Care Manager at the address below. All other forms must be taken to camp on the first morning of your child's holiday.

Does your child have any special behavioural patterns that you feel we should know about? Please refer to Booking Conditions, Section 4 , Your Responsibility

Customer Care Manager, The Old Rectory, Beeston Regis, Norfolk, NR27 9NG

Activities/Photography:

Often during the summer, children taking part in activities may be photographed by press, television and photographers. This may be used for future publicity. Please tick the circle if you **DO NOT** give permission for your child to be filmed or photographed during their stay.

Can your child swim 50 metres? **YES / NO / UNSURE**

Do you give your child permission to swim? **YES / NO**

Is there any reason why your child may not participate fully in activities.

Some activities take place off-site. Do you give your child permission to go off-site when accompanied by our staff? **YES / NO**

Name of Child's School: _____

Please state your relationship with the child: (eg: parent/guardian/other)

Signature: _____ Date: _____

THIS FORM NEEDS TO BE COMPLETED AND TAKEN TO CAMP ON THE VERY FIRST DAY