

BOOKING FORM and HEALTH QUESTIONNAIRE

SUMMER CAMP 2019

PLEASE USE BLOCK CAPITALS

1	<input type="checkbox"/>	Monday 8 - Friday 12 July	9-12 years	£100.00*
2	<input type="checkbox"/>	Monday 15 - Saturday 20 July	13-16 years	£130.00*
3	<input type="checkbox"/>	Monday 22 - Friday 26 July	9-12 years	£110.00*
4	<input type="checkbox"/>	Monday 22 - Friday 26 July	9-12 years	£ 90.00*
5	<input type="checkbox"/>	Monday 29 July - Friday 2 August	12+ years	£110.00*

* THE AMOUNTS SHOWN ARE THE SUGGESTED DONATIONS; SEE 'BOOKING INFORMATION' FOR DETAILS

I wish to donate to 'The Faith Mission' and enclose a donation of £

PLEASE COMPLETE ONE FORM PER CAMP AND CAMPER

It is important that this form be filled in as accurately and fully as possible so that we are in possession of the medical information should your child require medical treatment. All information given will be regarded as **strictly confidential**.

Name Date of Birth Male/Female

Address

Postcode

Email address of parent/guardian

Telephone Mobile

Name and address of GP

Telephone

Date of last tetanus injection Medical Card Number

Does your son/daughter require regular injections or medication? YES/NO
(If yes, please send sufficient for the duration of camp)

If yes, give details and speak to the camp leader if necessary

Is he/she on a special diet? YES/NO If yes, give details

Does he/she suffer from:

Diabetes	YES/NO	Impaired vision	YES/NO
Asthma	YES/NO	Impaired hearing	YES/NO
Epilepsy or other fits	YES/NO	Heart condition	YES/NO
Any allergies	YES/NO	Other disabilities	YES/NO

If yes, give details

Has he/she had any other serious illness in the past of which we should be aware?
(continue on reverse of form if necessary)

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Have you any other information about your child which you think we should know?
e.g. sleepwalking, reading or learning difficulties etc.

Is he/she a bed-wetter? YES/NO OFTEN/OCCASIONAL
(If yes, please send appropriate bedding and sufficient change of nightwear)

Is your child known to social services? YES/NO
If yes, please give details of the child's social worker:

Name

Telephone Mobile

Local authority responsible for child

We may contact the social worker for any information that would be beneficial to us in protecting your child or any other camper. We reserve the right to decline an application for any child who may pose a risk to themselves or other campers, or if full disclosure of information has not been received.

Please give the names and telephone numbers of two people who could be contacted in case of an emergency. Those named should be available to collect your child from camp at any time, should the need arise.

1. Name Relationship to child

Telephone Mobile

2. Name Relationship to child

Telephone Mobile

Parent/guardian consent

I certify that I give permission for:

- (i) the Camp Nurse/First Aider to give paracetamol at the stated dose for minor ailments e.g. headache;
- (ii) photographs of my child taken during camp to be used in general publicity (e.g. PowerPoint presentations and the FM Website) and printed materials (e.g. camp brochures and reports). Names will not be used;
- (iii) my child to participate in the activities and to travel on outings by coach/private car.

I certify that my child is physically fit to take part in the activities and he/she may swim under proper supervision. I understand that on outings, those at the Teens Camp may go shopping with other campers without supervision. Should it be necessary, I give my consent for my child to have emergency hospital treatment and authorize a Camp Leader to sign on my behalf any written form of consent required. I understand that I will be notified as soon as possible.

Signature of parent/guardian* Date

*Delete as appropriate

