

Summer Camp 2017

under 18's consent form



please read and complete all parts of this form, making sure you sign the declaration of consent

Summer Camp 2017 will be taking place from 6th-10th August at Alton Castle. The week costs £250 but we ask for a minimum donation of £185. Please note that we require a £50 non-refundable deposit per person to secure a place and the balance to be paid by 3rd July 2017. Please make cheques payable to 'NYMO'.

Please return this form and cheques to

NYMO
33 Westbourne Road
Luton
Bedfordshire
LU48JD

Please mark the envelope '**Summer Camp 2017**'.

My Child would like to apply for a place at **Summer Camp 2017**

I enclose a cheque for £50 made payable to 'NYMO'

Personal Information

Surname:

Forename:

Date of Birth:

Age:

Email:

Address:

Current school and year group:

Parish:

Name:

Medical Information

A. Does this person have any medical conditions, which require ongoing treatment (including medication)? YES / NO If YES, please give details

B. Has this person been treated within the past two years for any significant health issue (physical or psychological)? YES / NO If YES, please give details

Please make sure that he/she is carrying enough medication for the duration of the visit.

C. Does this person have any allergies? (e.g. penicillin, Gluten, Dairy, Wheat, Nut etc)

YES / NO If YES please give details

D. If necessary, what type of pain / flu medication should this person be given?

E. Does this person have a disability that you feel we should be aware of? YES / NO
If YES, please give details

F. When did he/she last have a tetanus injection?

G. Are there any other details you feel the leader should be aware of? Please include fears or phobias? YES / NO

If YES, please give details

Name:

Dietary requirements

Does this person have any special dietary requirements? YES / NO
If YES, please give details

Swimming

Is this person

- | | |
|------------------------------------|----------|
| • able to swim 50 metres? | YES / NO |
| • water confident in the pool? | YES / NO |
| • water confident in inland water? | YES / NO |
| • safety conscious in water? | YES / NO |

Emergency Contact Details

First Named Person:

Name:

Relationship to young person:

Mobile no:

Home no:

Work no:

Second Named Person:

Name:

Relationship to young person:

Mobile no:

Home no:

Work no:

Family Doctor:

Name:

Address:

Tel no:

Name: _____

Under 18's Consent and Declaration

- I agree to _____ (name) taking part in summer Camp
- I confirm that he / she is in good health and fit to participate
- I acknowledge the need for him/her to behave responsibly and dress appropriately
- I understand that group /activity photographs may be taken during the event in line with Church policy and may be used for publicity in the future. I give my consent for this
- I am happy for this information to be shared amongst those who will be responsible for this person during the time at summer camp
- In the event of significant past medical history: I am happy for this form to be passed on to the medical team who may need to seek further information from me.

In the event of an illness or accident every effort will be made by the event leaders or their assistant to contact me. If for any reason this is not possible:

- I agree to my son / daughter receiving medication as instructed and emergency medical , dental or surgical treatment, including anaesthetics or blood transfusion, if considered necessary by the medical authorities present.
- I understand that while aspects and activities at the summer camp will be risk assessed and every effort made to ensure the safety and well being of all participants, this young person participates entirely at their own risk.

Signed: _____ Parent / Guardian

Print Name: _____

Signed : _____ Young person

Print Name: _____

Date: _____

