

Urban Saints Guildford – Whitsun Camp 2011

Lads' Application Form

Name:

Date of Birth:

Parent's Contact Name:

Address:

Parents home and mobile telephone No's:

Parents email address

Sons email address and mobile number – if any

Dietary Details and other information that may be useful in the running of camp:

My son is able to swim 50 Metres: **Yes / No**

I enclose a cheque for Whitsun Camp Fee

I accept the booking conditions and give permission for my son to take part in Whitsun Camp.

I understand that the leaders will take all reasonable care in the running of camp, but I acknowledge the possibility that my son may, for a short time, be out of sight of a leader. I understand that personal accident insurance is my responsibility and that the leaders cannot be held responsible for any loss, damage or injury suffered by my son arising from camp.

I confirm that it is acceptable for my son to be given Paracetamol and plasters if necessary. In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son to undergo medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

By applying for camp I ask for my son to become (if not already) a member of Urban Saints Guildford.

Parent's Signature:

Parent's Contact No: (during Camp)

Date:

Medical Details are to be completed overleaf...

**** Please notify us if any of these details change prior to Camp ****

Doctor's Name:

Doctor's Address and phone:

If your son is asthmatic, please give details of medication used:

Preventative:

Reliever:

Please provide details of other medication being taken, what it is taken for and if it can be self-administered:

Is your son able to keep and take this medicine without supervision?
(We can keep and control his medication if you prefer)

YES/NO

Please give details of any allergies to medicines, plasters or foods:

Please give details of any other information that a doctor or hospital may need in the event of illness. (E.g. injuries or major illnesses in last 3 years)

Date of last Tetanus Injection:

If you would like to discuss any medical matters, please contact Peter Jeffrey (01483 574063/07785233521)

**** Please notify us if any of these details change prior to Camp ****