

BOOKING FORM

PLEASE COMPLETE AND SEND BACK TO PACE WITH £35.00 CHEQUE PAYABLE TO 'PACE'

SEND TO:
CAMP SUPREME, PACE, 2A GRANBY STREET
LOUGHBOROUGH, LEICESTERSHIRE LE11 3DU

GENERAL DETAILS

CHILD'S FIRST NAME:

SURNAME:

DATE OF BIRTH:

AGE AT CAMP: GENDER:

ADDRESS:

POSTCODE:

TEL (Home):

TEL (Mobile):

TEL (Emergency):

Please tick

WEEK 1

WEEK 2



HEALTH DETAILS

NAME OF CHILD'S GP:

GP'S PHONE NUMBER:

GP'S ADDRESS:

ANY ALLERGIES:

MEDICATION/OTHER TREATMENT:

LET US KNOW MEDICAL CONDITIONS/HISTORY:

LAST TETANUS BOOSTER DATE:

PERMISSIONS

I consent to (write name of child here) taking part in all activities provided at Camp Supreme by PACE. I confirm that I have parental/guardian responsibility for this child and to the best of my knowledge he/she is fit to undertake the various activities at Camp Supreme.

By signing this document I am giving permission to PACE...

... to administer medication if necessary, handle an emergency situation if PACE can not get in contact with me (including permission for my child to receive hospital treatment and anaesthetic if necessary) and ensure my child behaves in line with the appropriate policies and rules of the Camp

... to film and/or photograph my child for feedback to Camp funders and for use in publicity for future Camp Supreme and PACE events/projects.

Administering Mild Pain Killers

I do..... } Please tick the appropriate box
I do not....

... give consent for mild pain killers such as aspirin or paracetamol to be administered to my child by qualified first aid staff at Camp Supreme.

I understand that PACE is not responsible for my child outside the hours of 9.30am and 5.30pm during the days they attend Camp Supreme.

I enclose a cheque for £35.00 made payable to PACE.

I confirm that the information contained within this form is correct and up to date.

Signed: (parent/guardian of child)

Print Name:

Date: