CAMPER INFORMATION FORM



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

Booking details					
Camp location:			Start date:		
Child's details					
 irst name:			_ Surname:		
Pate of birth:			_ Gender:		
	J				
Parent/guardian detai	Is				
itle:	First Name:		Surname:		
elationship to child:	Address:				
lain contact number:			Secondary contact number:		
mail:					
lame, telephone number and r	relationship to child of designate	ed persor	n if you cannot be contacted:		
passed since the last symptor latest government self-isolat	ms have been presented before ion and/or testing guidance mus	the child st be met	k or incubating an illness. A minimum of 48 hou I can return to camp (except in the case of COV t before returning). It is important to make us av	ID-19 whe	ere
	he recent injuries form available			YES	NO
coronavirus in the 10 days prior answer is yes to this question ple		of our resp n.	n anyone who has or is showing symptoms of consibility to ensure the camp is safe, if the celow:		
M/III va un abild ma quina ma di acti	on whilst at camp? If yes, please con		andical administration forms		
Is your child allowed paracetam		Tipiete a II	iedicai administration form.		
	ion to swim? (Selected locations only	 ly)			
Is there any reason your child may not be able to participate fully in activities? If yes, please specify below:					
Do you give us permission to ap	pply sun cream when necessary?			+	
			d know about? If your child has any special needs eam on bookings@campbeaumont.asia		
	or any of the other contacts we eceives the attention they need		or your child in an emergency we will act upon o	our own me	edical
Photography					
Often during the summer, ch	nildren taking part in activities m vision and photographers. This m		Please tick the circle if you DO NO for your child to be filmed or photogotheir stay.		
			Print name:		
	NEEDS TO BE		Signaturo		
CAMP ON THE	AND TAKEN TO VERY FIRST DAY		Signature:		

Date: