



# INTEGR-8

The Coleshill School  
Activity Camp

9 am — 2 pm

£10 per day

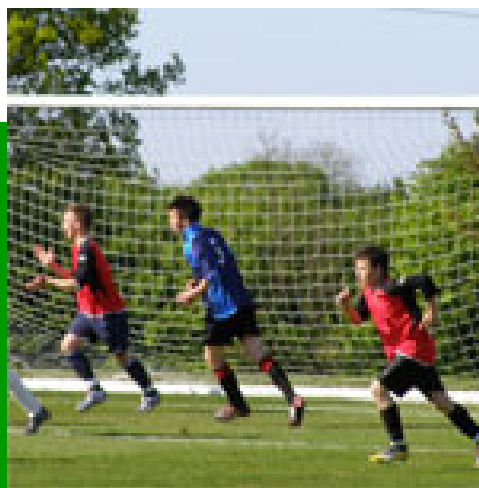
Years 5 — 9 Welcome

Mon 2<sup>nd</sup> — 6<sup>th</sup> August & 9<sup>th</sup> — 13<sup>th</sup> August 2010

A fantastic opportunity for students to integrate themselves into the community of The Coleshill School, exploring exciting activities across subjects.

Download your application form at:

[www.thecoleshillschool.org.uk](http://www.thecoleshillschool.org.uk)



**Consent Form for The Coleshill Integrate Camp**

Name of child.....

I consent to my child participating in the Physical Education summer camp at The Coleshill School. I agree to collect my child at 3pm at the end of the session. I agree to provide a packed lunch and drinks for the day.

Signed \_\_\_\_\_ Parent/Carer \_\_\_\_\_

Date \_\_\_\_\_

Date of Birth.....

Male..... Female.....

Home address: .....  
.....  
.....

Home Telephone No: .....

Emergency contact telephone numbers (home/mob/work)

- 1).....
- 2).....
- 3).....

Name, address and tel. no. of own doctor .....

Does he/she suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, attention deficiency, hyper activity or any other condition, illness or disability? If so, please give details:

.....  
.....

Is he/she allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug? If so, give details)

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Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc

.....

**Children, Young People and Families Services**

**Off-Site Activities**

Are there any reasons that you know of that stops he/she from participating fully in the planned activities?

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Are there any activities in which he/she should not participate? .....

.....

Date of anti-tetanus injection (if known) .....

Is there any other relevant information which the organiser should be aware of? .....

.....  
.....

**I understand that, while the staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising through the duration of the activity days**

**CONSENT TO MEDICAL TREATMENT**

I, .....(YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to educational establishment staff by the GP if circumstances are deemed necessary and appropriate.

Signed.....Parent/carers

Date.....

