



PARENTAL REGISTRATION & CONSENT FOR ACTIVITIES

KIPPIE'S KIDS CAMP 2023

If you have any enquires regarding the completion of this form or any general questions about Kids Camp please don't hesitate to contact Reception on 01224 734747 or e-mail kippiekidscamp@kippielodge.co.uk

If you have multiple children attending Kids Camp please fill in ONE FORM PER CHILD – this is to ensure details of each child are kept separated and are as clear as possible.

1. DETAILS OF ACTIVITY WEEK

Please tick in the box provided the week(s) in which your child will be attending the kids camp.

Week No	1	2	3	4	5	6	7
Please Tick							

1. *I/We are aware of the late collection fees (see Kids Camp Information document)* YES/NO

2. *I/We are aware I have been advised to apply an ALL DAY sun cream to my child* YES/NO

3. *I/We have seen the lunch menu and confirm it is suitable for my child* YES/NO
If no, please state.....

4. *I/We are aware of the medication information (see Kids Camp Information document)* YES/NO

5. *I/We are aware that my child is expected to be able to use the toilet independently as Kids Camp staff are unable to assist them due to Child Protection regulations.*
..... YES/NO



2. CHILD & PARENT/GUARDIAN DETAILS:

Name of Child:..... **Membership No.:**.....

Child's Date of Birth:..... Age:.....

Home address:.....

Post Code:.....

1. Parent/Guardian Contact Numbers & Emergency Contacts:



<p>Parent/Guardian:</p> <p>Name:.....</p> <p>Daytime Address:</p> <p>Telephone No.:.....</p> <p>Mobile No:.....</p>	<p>Parent/Guardian:</p> <p>Name:.....</p> <p>Daytime Address:</p> <p>Telephone No.:.....</p> <p>Mobile No:.....</p>
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<p>Emergency Contact (1):</p> <p>Name:.....</p> <p>Daytime Address:.....</p> <p>Telephone No:.....</p> <p>Mobile No:.....</p>	<p>Emergency Contact (2):</p> <p>Name:.....</p> <p>Daytime Address:.....</p> <p>Telephone No:.....</p> <p>Mobile No:.....</p>
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<p>Name of Family Doctor:</p> <p>Name:</p> <p>Address:.....</p> <p>Telephone No:.....</p>	
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3. PERMISSION STATEMENTS

I agree to (name) taking part in this activity week and have read the information sheets enclosed.

I agree to (name) participating in the activities described.

I acknowledge the need for (name) to follow all instructions given by camp staff to ensure their, and others, wellbeing and safety.

I agree to.....**(name)** attending the ALL DAY excursion on Wednesdays. Week 2, 4, and 6 to Alford Dry Ski Slope (Tubing); Week 1 to Hazelhead Park; Week 4 to Wynford Farm; and Week 5 to Aberdeen Science Centre.



3.1 Photographic Permission Statement

I **(Parent's name)** hereby give my permission for Kippie Lodge to take photographs of my child **(Child's name)** following the specifications below.

- A member of staff is allowed to take photographs of my child. YES/NO
- Display purposes around the club YES/NO
- Staff training - Assessment purposes: observations & evaluations YES/NO
- Advertising YES/NO
- Press releases YES/NO
- Newsletter YES/NO
- Kippie Website YES/NO
- Media – Facebook/Twitter/Instagram YES/NO

If you have any queries about this, please do not hesitate to contact reception.

4. Permission for Swimming Activities

Permission does not remove the need for Group Leaders to ascertain for themselves the level of the child's swimming ability.

SWIMMING ABILITY

- Does your child require armbands? YES/NO
- Is your child able to swim 50 meters? YES/NO
- Is your child water confident in a pool? YES/NO
- Is your child safety conscious in water? YES/NO

I consent to any emergency medical treatment required by my child during the course of the activities. YES/NO



I confirm that my child is in good health and I consider him/her fit to participate.

YES/NO

4. ADDITIONAL MEDICAL/DIETARY INFORMATION ABOUT YOUR CHILD

a. Any conditions requiring medical treatment, including medication?

YES/NO

If YES, please give brief details:.....

b. Please outline any special dietary requirements of your child:

c. Does your son/daughter have any allergies?

YES/NO

If YES, please specify:.....

d. When did your son/daughter last have a tetanus injection?

4.1 Request for child to carry his/her medication

Condition or illness:.....

Name/Type of Medicine (as described on the container):.....

For how long will your child take this medication:.....



Date dispensed:.....

Full Directions for Use:

Dosage and method:.....

Timing:.....

Special Precautions:.....

Procedures to take in an Emergency:.....

I understand that I must deliver the medicine personally to the Kids Camp Leader and accept that this is a service which Kippie's Kids Camp is not obliged to undertake.

5. TRIPS

Trip destinations are: Week 1 to Hazelhead Park; Week 2, 4, and 6 to Alford Dry Ski Slope; Week 3 to Wynford Farm and Week 5 to Aberdeen Science Centre

Does your child suffer from travel sickness..... Yes/No

If YES, do they require medication or travel bands..... Yes/No

6. DECLARATION

I will inform the Kids Camp Leader/Club Director as soon as possible of any changes in the medical or other circumstances between now and the commencement of activities.



I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

7. PARENTAL REGISTRATION AND CONSENT DETAILS CONFIRMED:

Signed: **Date:**.....

Full name (capitals):.....