



Summer Camp

Child's name: _____

Address: _____

D.O. B: _____ Age: _____

Parent Name & Number: _____

Emergency Contact: _____

GP Name & Number: _____

Has your child any allergies/medical conditions? _____

In the event of a medical emergency, I give permission for my child to receive any medical treatment or intervention deemed necessary - Yes No

Signed: _____ Date: _____

I would like to book my child in for:

Delgany

Week 1: 19th - 22nd July Week 2: 26th - 29th July Week 3: 2nd - 5th August

Greystones

Week 1: 19th - 22nd July Week 2: 26th - 29th July Week 3: 2nd - 5th August

Children will need a small lunch and a drink. Please apply sun lotion.