



Summer Camp

Name of child: _____ Date of Birth: _____

Address: _____

Parents /Guardian name _____

Address: _____

(Tel) Home: _____
Work: _____
Mobile: _____

Email: _____

Parents /Guardian name _____

Address: _____

(Tel) Home: _____
Work: _____
Mobile: _____

Email: _____

EMERGENCIES

Who may be contacted in an emergency if parents are not available?

Name: _____ Relationship to child _____

Address: _____ (Tel) Home: _____

_____ Work: _____

_____ Mobile: _____

Family doctor

Name: _____

Address: _____

Contact number: _____

Does your child have any allergies/medical conditions? _____

If the answer to either of the above is yes you must complete a separate form which is available from the school.

In the event of a medical emergency, I give permission for my child to receive any medical treatment or intervention deemed necessary by a Doctor.

Yes

No

Signed: _____ Date: _____

I would like to book my child in for:

Delgany

Week 1: 25th - 28th July

Week 2: 1st - 4th August

Greystones

Week 1: 25th - 28th July

Week 2: 1st - 4th August