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123 Camps is a company incorporated in England and Wales under Companies Act 1985 - Registered No. 10327807

## Application Form

Camp address:  
**Denstone College Prep School at Smallwood Manor, Uttoxeter ST14 8NS**

### Holiday Application Form to be completed by parent or legal guardian

1. Name of the child

.....

2. Home address

.....

3. Date of Birth

.....

4. Contact phone /home

.....

5. Contact phone/ mobile

.....

6. Emergency Contact Phone

.....

7. Address of the parents at the time of the child's stay on the camp

.....

8. Name of parent / legal guardian

.....

## General Health and Wellbeing.

We would like to ensure that your child has the best experience with us and in order to do that please could you advise us of any issues that might affect their wellbeing while they are on holiday with us.

1. Previous and actual illnesses we should be aware of (specify in which years of age):

.....  
.....

2. Over the past 12 months has the child suffered from any of the following? Circle as appropriate  
Convulsions, loss of consciousness, vertigo, syncope, frequent headaches,  
night anxiety, difficulty sleeping, tics, frequent abdominal pain,  
vomiting, nosebleeds, chronic cough (or runny nose), angina, shortness of breath, pain in the  
joints, rapid fatigue, hearing loss, stuttering, other .....

3.If your child has seen the doctor over the past 6 months please could you state why here :

.....  
.....

4. Does the child have any behavioural or communication issues that we might need to be aware of  
e.g. extreme shyness, difficulty with communicating with others, hyperactive etc. Please use the  
space below to list any issues.

.....  
.....

5. Does the child have any allergies. If so use the space below to list them.

.....  
6. Does your child make use of any medical devices or equipment such as glasses, braces  
orthopaedic insoles etc? If so please list them here and we will make all reasonable attempts to  
ensure that the child returns home with them.

## Medicines and Parental Consent

1. Does your child suffer from travel (Car) Sickness \*: yes, no. If yes please indicate here the  
medication you have provided and the dosage required .....

2. If your child takes any form of medication, please specify the names of the medication and dosage  
and how it is to be administered e.g tablet, injection etc. Please continue on a separate sheet if

required

Name of Mediation	Dosage	Intervals at which it should be taken	How the medication should be administered (e.g. tablet, injection etc)

Medication should be handed over to the organiser or supervisor at the drop-off point for the children.

This form must be signed by the parent or legal guardian of the child to show that consent has been given to administer the medication listed in the above table.

3. Please mention any other comments about the health of the child that we might need to be made aware of :

.....  
.....

\* circle as appropriate

4. In the event of a medical emergency our staff will call the emergency services and we will contact the parent as soon as possible to advise you of the situation. In the event that we are not able to contact you, by signing this form you agree to allow us to give permission for the child to undergo the emergency treatment suggested by the medical professional e.g. a diagnostic procedure, hospitalization, emergency operations etc.

I DECLARE THAT I HAVE STATED ALL KNOWN INFORMATION, THAT MAY HELP IN PROVIDING APPRIORATE CARE AND ASSISTANCE TO THE CHILD DURING THE STAY AT THE CAMP, IN THIS FORM AND THAT I AGREE TO CLAUSE 4

.....  
Signature of Parent/Legal Guardian

.....  
Date of Signature