



BOOKING FORM

Wednesday 27 July — Sunday 7 August 2011

This form must be completed on behalf of each child clearly in BLOCK CAPITALS.

SURNAME _____

FIRST NAME(S) _____ **BAPTISMAL NAME** _____

DATE OF BIRTH _____ **AGE:** _____ years _____ months

ADDRESS _____

POST CODE _____ **TEL:** _____ **E-MAIL** _____

NAME OF PARENT(S)/GUARDIAN(S) _____

ADDRESS (if different from above) _____

TEL day: _____ **(evening):** _____ **mobile:** _____

NAME OF ORTHODOX PARISH AND PRIEST _____

AUTHORISATION IN CASE OF EMERGENCY

We shall always try to contact parents in cases of emergency, but, since this may not always be possible, we must have a written permission authorising **Fr Stephen Platt**, or **Anna Platt** to make decisions regarding emergency treatment.

I (name of parent/guardian) _____ authorise
 any of the above to make decisions regarding emergency treatment for my child (name)

Signed _____ Date _____

TRAVEL ARRANGEMENTS FORM

Please tick applicable options.

EITHER:

I/we would like my/our child/ren _____

to travel to camp by coach. My child/ren will: (tick all boxes which apply)

join the coach **to camp** in LONDON

join the coach **to camp** in OXFORD

return **from camp** to LONDON

return **from camp** to OXFORD

OR:

I will make my own travel arrangements

to camp

from camp

OR:

Please provide clear details of your travel arrangements here:

Signed _____

(signature of parent or guardian)

Date _____

HEALTH AND MEDICAL RECORD

NAME OF CHILD _____ DATE OF BIRTH _____

NAME OF DOCTOR _____

DOCTOR'S ADDRESS _____

_____ TEL. _____

NATIONAL HEALTH SERVICE No. _____

RECORD OF VACCINATIONS AND IMMUNISATION

	DATE	BOOSTER
POLIOMYELITIS	_____	_____
DIPHTHERIA	_____	_____
WHOOPING COUGH	_____	_____
TETANUS	_____	_____
GERMAN MEASLES	_____	_____
MEASLES	_____	_____
BCG	_____	_____
Other (Specify)	_____	_____

MEDICAL HISTORY AND TREATMENT

Indicate which of the following your child has had:

- MEASLES
MUMPS
GERMAN MEASLES
CHICKEN POX
WHOOPING COUGH

Is your child allergic to plasters or any medicines?

YES / NO If **YES** please specify

Give any details of previous medical history, e.g. fits, heart condition, asthma, allergies, etc.

Is your child undergoing any medical treatment? **YES / NO**
If **YES**, give details, and if necessary, a note from your doctor.

Is your child taking any medication of any kind? **YES / NO**
If **YES**, what kind, what dosage, when and how administered.

Would you describe your child as a **NON-SWIMMER / BEGINNER SWIMMER /**
COMPETENT SWIMMER?

Does your child bed wet? **NEVER / OCCASIONALLY / OFTEN**

If a girl, has she started her periods? **YES / NO**

Are there any dietary restrictions? **YES / NO**
If **YES**, please specify (use back of form if necessary)

Does your child have any behavioural issues or special needs? **YES / NO**

If **YES**, please specify (use back of form if necessary)