

Please complete a separate form for each child, and return to the address above.

Name of Child	
Date of Birth	
Parents' Names	
Address	
Parents' Email	
Contact Telephone	e Mobile
Alternative Eme	rgceny Contact
Name	
Relationship	
Address	
Contact Telephone	e Mobile
Name of Family	
	Phone
sumer co 5RW. To cateched	to my son/daughter taking part in the above-named Summer Camp, a residential amp based at <b>Savio House, Ingersley Road, Bollington, Macclesfield SK10</b> The Camp will involve scheduled activities including Holy Mass, prayer and tical talks, sports (football, hiking, other games), meals, quizzes, a drama ion, and excursions by bus to local places of interest.
Transport Arran	gements. Please detail how your son/daughter will travel to the camp
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	illing to be contacted for the arrangement of lifts and/ or to facilitate children er on public transport, to and from the Camp? <b>YES/NO</b>

May we share your contact details with other families for this purpose? **YES/NO** 

Medical Information about the child. Please state any conditions requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin:

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What type of pain- / flu- relief medication may your child be given if necessary:

.....

Is your child allergic to any medication e.g. penicillin. **YES/NO** If yes, please specify:

Please outline any fears or phobias your child has. This information will assist the adult helpers to assist your child should any difficulties arise.

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Please outline any special dietary requirements of your chiuld (including allergies e.g., nuts):

.....

When did your child last have a tetanus injection? .....

Would you permit a tetanus injection if deemed necessary by doctors in an emergency? **YES/NO** 

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious? **YES/NO** 

Is there any other relevant information or specific needs that need to be known by the organisers?

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## Declaration

• I will inform the event leader as soon as possible of any changes in my child's medical or other circumstances between now and the commencement of the Camp.

• In the event of an illness or accident every effort will be made by the Camp leader or their assistants to contact me. If for whatever reason this is not possible I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

• I agree to my child's participation in the activities described above.

• I will ensure my child is aware of the expectation that he behaves responsibly, and that the children should not have any matches / lighters during the course of the camp.

• My child will not bring any phone or other electronic device which can be used for accessing the Internet, unless it be handed in to FSSP staff at the beginning of the Camp, to be returned at the end.

• If my child is showing signs of serious illness or symptoms of Covid-19, he/she will not attend.

Signed......Date.....Date....

The cost of attendance at each camp is £220 per single participant, although there is a subsidised rate of £100 available where necessary. A place will be reserved on the camp for your child upon receipt of completed booking form and deposit. Please find enclosed:

## [] Deposit of £30 [] Another deposit amount [] Full amount of £220 [] Subsidised rate of £100

Please make cheques payable to 'FSSP England'. Our address is on the reverse side of this form.

## Consent to the Safe Use of Images (film and photography)

In accordance with the General Data Protection Regulation 2016 and Data Protection Act 2018, all personal data, including images (photographs and films for example), must be processed fairly and lawfully. To comply with this, we are bound to issue the following privacy notice:

FSSP England will take photographs and films of participants in the 2020 Summer Camps. These will be taken to serve as a record of the camps and the activities, as well as for promotional material, for future summer camps and the pastoral work of FSSP England. These images may be used:

• On websites: FSSP England's Flickr page (via https://www.flickr.com); FSSP England's Facebook page (https://www.facebook.com/fssp.england), and the main website of FSSP England (https://www.fssp.co.uk).

- In Dowry quarterly magazine (both print copy and available online)
- Other FSSP England promotional material.

These images may be kept indefinitely, unless you request their removal/deletion. We recognise that there are some reasons why, for their own safety and/or wellbeing, some individuals will not want their images recorded or kept and we will always respect this.

To be completed by the subject of the photo (this includes children where it is deemed that they understand what they are agreeing to). Parents/carers must also give consent if the child/young person is under the age of 16 years.

I give my express consent to being photographed and/or filmed in the course of the activities detailed above.

I understand the ways in which these photographs, films and resulting images may be used, the period of time, and manner in which they will be stored.

I know that it is my right to withdraw my consent at any time, without explanation.

Signed......Date.....

## To be completed by the Parent / Carer for children under 16:

Full name of subject of the photograph/film .....

Full name of parent/guardian/carer .....

I have discussed the contents of this form with my child and we are in agreement.



I give my express consent to the person named above being photographed and/or filmed in the course of the activities detailed above.



I understand the ways in which these photographs, films and resulting images may be used, the period of time, and manner in which they will be stored.

I know that it is my right to withdraw my consent at any time, without explanation.

Signed......Date.....