

Camp Kernow 22nd June - 24th June 2026

Please complete the following information for:

_____ (name of pupil) DoB: _____

Emergency Contact Names:

It is important that we are able to contact parents at **any time day or night** and, therefore, we require two names and telephone numbers that will ensure we are able to do so.

1. Name: _____ (Parent/Carer) Tel: _____

2. Name: _____ Tel: _____

Medical Information:

Please give details below of any known medical condition/s and the recommended treatment/s and medication/s, including any known allergies:

Name of child's doctor: _____ Surgery Tel No: _____

Dietary Information:

Please give details of any dietary requirements e.g. food/s that cannot be eaten because of a known allergy or if your child is vegetarian. (There will be plenty of choice so we do not need to know what your child likes or dislikes). _____

Permission

In case your child suffers from any symptoms of feeling slightly unwell, e.g. a headache, do you give us permission to administer Calpol?

Yes No

Permission

I give permission for my child to take part in the activities at Camp Kernow

Signed _____ Date: _____

PTO for further information:

Free school Meals *(only complete if your child receives a free school meal)*

My child requires a packed lunch on Monday 23rd June

Yes

No

Signed: _____ **(Parent/Carer)** **Print Name:** _____

Date: _____