



WELLESLEY HOUSE
★ A SCALIS PATULIS AD ASTRA ★

Activities Camp Wednesday 23rd and Thursday 24th October 2019

I would like my son / daughter to attend the Activities Camp at Wellesley House on the following day(s):

Wednesday 23rd October

Thursday 24th October

I enclose a cheque for £ payable to Wellesley House School.

Child's name:

Home address:

..... Postcode:

Age: School / Club :

I am interested in a minibus pick-up / drop-off minibus service: **Yes / No**

Does your son / daughter have any medical conditions / allergies? **Yes / No**

If yes, please give further details:

Parent Name:

Home address: Postcode:

Email:

Emergency contact 1:

Emergency contact 2:

If you are unable to contact me and my child requires urgent medical attention while at the Activities Camp, I authorise you to make the decision on my behalf should consent be required for urgent treatment (including general anaesthetic, blood transfusion or operation) recommended by a doctor, or to receive first aid.

Signed: (Parent / Guardian)

Print name:

Relationship: Date:

Once completed, please return the form, plus payment, to: Mrs Baird, Headmaster's PA, Wellesley House, Broadstairs, Kent, CT10 2DG. Thank you.