

BELSIZE SQUARE APPLICATION FORM
CONFIDENTIAL

Please complete one form for each participant giving as much information as possible.

Name of participant _____

Address _____

_____ Postcode _____

Phone _____ E-Mail _____

Date of birth _____ Sex: MALE/FEMALE

Parent/Guardian email address _____

This may be used to contact you regarding final arrangements/changes

Please attach
a passport
size photo of
applicant
here

Emergency Contacts		Office use only
1. Name	Relationship to participant	
Phone	Mobile phone	
2. Name	Relationship to participant	
Phone	Mobile phone	

Participant's doctor's details	
Name	
Address	
Phone	

1. Has your child ever been inoculated against the following? Please answer YES or NO and give dates of vaccination if possible.	
Tetanus	YES/NO
Poliomyelitis	YES/NO
Tuberculosis (BCG)	YES/NO
1a. Has your child ever suffered from:	
Measles	YES/NO
Chickenpox	YES/NO
Mumps	YES/NO
Scarlet Fever	YES/NO

2. Does your child suffer from any of the following? If YES please give details.	
Asthma mild moderate severe <i>(please circle)</i>	YES/NO
Details	
<p>Please send your child to Camp with a spare inhaler to be handed in to the madrichim. Please make sure that the inhalers are clearly marked with your child's name.</p>	
Hayfever	YES/NO
Eczema	YES/NO
Vomiting or diarrhoea	YES/NO
Migraine or headaches	YES/NO
Other (please give details)	

3. Will your child be bringing any medication to Camp? If YES please state type, reason and normal dosage.	YES/NO
<p><i>Please note: any medicines taken to residentials must be clearly labelled with name and dosage requirements and should be given to the leaders for safekeeping.</i></p>	

4. Does your child suffer, or has s/he ever suffered, from fits or epilepsy in any form? If YES please give details.	YES/NO
5. Has your child any known sensitivity to drugs, e.g. penicillin, plasters etc. or any allergies, e.g. food, bee-stings, etc.? If YES please give details.	YES/NO
6. Please give details of any medical conditions or surgical operations that might be relevant.	

Parent's/guardian's declaration

I am the legal guardian of the above child. I consent to my child's participation in Belsize Machane Choref.

Signed

Date

Parent's Mobile Phone Declaration

I understand that Belsize Square holds no responsibility for any mobile phone, mp3 player or electrical item brought to camp. In addition, I understand that Belsize Square takes no responsibility for expensive electrical equipment, clothes, jewellery or other valuables brought to Camp.

Signed

Date

Parent's Medical Declaration

I have read, understood and completed the information on this form and I declare that to the best of my knowledge the information written on this form is complete and true. I understand that every possible effort will be made to contact me in the event of a medical emergency. If this should not be possible I authorise my child to receive emergency treatment including anaesthetic as considered necessary by medical authorities. I will endeavour to inform Belsize Square of any changes to my child's medical status after I have returned this form. In addition, I authorise senior staff to give my child non-prescribed medication or plasters *which I will supply clearly labelled*, as and when necessary.

Signed

Date

Once you have completed the form please send it in to the following address

FAO Ido and Zoe
Belsize Square Synagogue
51 Belsize Square
London
NW3 4HX

For more information please contact our youth leaders Ido and Zoe on youth@synagogue.org.uk or by calling the Synagogue Office directly on 020 7794 3949