

BROMSGROVE INTERNATIONAL CAMP

BOOKING AND MEDICAL FORM

STUDENT DETAILS:

Student's Name (First / Last Name)

Gender : Boy Girl

Nationality:

Home Address:

English or Nick Name:

First Language:

Mobile:

School Grade/Year:

E-Mail:

Date of Birth:

Age: (Years)

Swimming Ability: Can't Swim Beginner Intermediate (Can swim 15m without break)

Current School:

How long have you attended your current school?

CAMP OPTIONS

Please select the camp that you are interested in

- Day Camp - Activity Only 08:00 - 14:40 41,800THB**
- Day Camp - Activity Plus 08:00 - 17:00 46,800THB**
- Boarding Camp 14 days 13 nights 79,800 THB**
- A 2D1N trip to Pattaya - (extra 4,000THB) *

Please select the camp period that you prefer

- Sun 30 June - Sat 13 Jul
- Sun 21 Jul - Sat 3 Aug

* Additional charge for Day students aged 9 and up who wish to go for an overnight trip to Pattaya only. Other Day students will join the day trip in Bangkok.

** 3,000THB discount when apply by 30 April

PARENT DETAILS:

Father's Name:

Mother's Name:

Address: (if different):

Address (if different):

Telephone:

Telephone:

Mobile:

Mobile:

E-Mail:

E-Mail:

Alternative Emergency Contact No:

Profession:

Profession:

Organization:

Organization:

How did you learn about the camp?
(Facebook / School Website / Social Media / Friend's referral / Banner / Poster / Other)

Medical Form for a Visiting Student

This form should be completed by parents or guardians about students who are to visit Bromsgrove International School Thailand. Please print clearly. Add any additional information which you believe will help us to look after them. **(You must declare any medical conditions, special needs or disabilities your child may have)**

Family Name:

Gender : Male Female

Date of Birth: (dd/mm/yyyy)

First Names:

Parent/Guardian Emergency Telephone Number:

Name and Hospital of Family Doctor:

Family Doctor Hospital telephone number:

Dietary Requirements (e.g vegetarian, hala)

Have you already had any of these illnesses?

Chicken Pox Measles Rubella Whooping Cough Polio Diphtheria

Have you had any vaccinations for:

Whooping Cough (dd/mm/yyyy): _____

Influenza (dd/mm/yyyy): _____

Tetanus(dd/mm/yyyy): _____

Has the student ever suffered from:

Diabetes: YES NO (delete as appropriate)

Epilepsy: YES NO (delete as appropriate)

Asthma: YES NO (delete as appropriate)

Chest Problems: YES NO (delete as appropriate)

If yes, please give details, and where appropriate the date of the last instance:

Any other severe condition or disability? YES NO

If yes, please give details:

Does the student have an allergic reaction to any of the following:

Food: YES NO (delete as appropriate)

Drugs: YES NO (delete as appropriate)

Insect stings: YES NO (delete as appropriate)

If yes, **please describe the symptoms and any medication used and details of how and when it is taken:**

Please give details of any vaccinations received during the last 12 months:

Is the student currently receiving any treatment from his/her doctor?

YES NO (delete as appropriate)

If yes, **please give details:**

Is the student currently taking any medication from his/her doctor?

YES NO (delete as appropriate)

If yes, **please give details:**

Will the student be bringing any medication with him/her to Bromsgrove? This might include medication prescribed by a doctor (e.g. an inhaler for asthma, an epipen to treat anaphylactic shock) or drugs bought from a pharmacy including daily vitamins.

YES NO (delete as appropriate)

If yes, **please give details of how and when the medication is to be taken:**

Has the student suffered any major illness within the last 12 months?

YES NO (delete as appropriate)

If yes, **please give details:**

Has the student undergone an operation within the last 12 months?

YES NO (delete as appropriate)

If yes, **please give details:**

Has the student had any physiotherapy in the last 12 months?

YES NO (delete as appropriate)

If yes, **please give details:**

Parents/guardians must provide a student's health insurance valid for the duration of the holiday camp. **Please attach student's health insurance card/policy.** BIST will only arrange accidental insurance for all students joining the programme. If there is any expense that exceeds the coverage or any expense occurs due to the student's health problems which are not covered by the accidental insurance, the parents will have to take responsibility for the occurred cost.

If there is any other information, medical or personal, that may be of use to the staff please use the space below or attach a separate sheet.

Parental Consent: I hereby accept that those assigned by Bromsgrove International school to supervise my son/daughter may act as a responsible guardian, issue appropriate over-the-counter medicines (e.g. aspirin, paracetamol), and decide on emergency medical treatment should it prove necessary.

Signature of Parent/Guardian _____ Date: _____

Please print parent name _____

IMPORTANT: Please ensure that the Bromsgrove contact receives in writing a letter about any medical problems or illness that occur after submission of this form and your arrival in Bromsgrove International School Thailand.

RULES OF THE COURSE:

- Students are expected to behave sensibly and responsibly and have consideration for others at all times. If you are concerned about something or are in any difficulty, please talk to your Course Director, Head of House or other member of staff straight away.
- The use of cigarettes, drugs, alcoholic drinks or illegal substances of any kind is absolutely forbidden at all times, and their possession alone will be enough to ensure a student's immediate return home. Fighting or any other violent behaviour will not be tolerated and will be treated as gross misconduct.
- I understand that if my child fails to abide by the School rules and/or commits misconduct, he/she will be sent home at my expense and I agree to paying the holiday camp all such travel costs.
- Students may not leave the campus without permission unless you are on an organized trip with the group.
- Any damage to your room, to the House or school property must be reported immediately to your Head of House or the camp staff. I understand that if my child causes any damage to Bromsgrove School property and another child's property, then I will be charged accordingly.
- Mobile phones are strictly forbidden in classrooms and anyone found using their phone during school hours, will have it confiscated and it will not be returned until the end of the course. There will also be night time curfews for mobile phones and other devices that have ability to connect to the internet for boarders.
- The procedures for evacuating the House in the event of a fire will be explained shortly after your arrival. Please ensure that you understand the fire procedures and that you know what to do in the event of a fire.
- Students are not expected to bring large sums of pocket money, or expensive devices. International boarding students' passports and air tickets will be collected upon arrival by our staff. Each boarder has their own safe box in the room. The school cannot be liable for the loss, theft, or destruction of any personal belongings.
- I agree and consent to the participation of the student in all school sports and supervised activities.
- I understand that my child's photograph may be used for education or promotional purposes. Video recordings may also be used for educational or promotional purposes.
- I consent to any emergency treatment for my child deemed necessary in case of illness or accident.
- Any serious disregard of these rules may lead the Director of holiday camp to contact your parents. In extreme cases of gross misconduct, it may be necessary to arrange for your immediate return home at your parents' expense.
- Cancellation 1 month before the programme commences - 50% of payment refunded
- Cancellation after 1 month before the programme commences - 20% of payment refunded
- Cancellation made less than 1 week before commencement and once the programme has started - no refund made.

I agree to abide by the Rules of the course

SIGNED BY THE STUDENT: _____

Printed name (_____) Date _____

SIGNED BY THE PARENTS: _____

Printed name (_____) Date _____