



Kangourou-Cyprus

THALES Foundation

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Parent Approval Form For Summer Camp Activities

KANGOUROU SUMMER CAMP

29 JULY-3 AUGUST 2019

RODON HOTEL, AGROS

STUDENT'S FULL NAME _____

PARENT'S or GUARDIAN'S FULL NAME _____

MOBILE PHONE of STUDENT _____

MOBILE PHONE of PARENT/GUARDIANS _____

HOME PHONE _____

1. Travel Safety:

Coaches or cars with seatbelts are used for transfer to and from Rodon hotel.
I agree that my son/daughter will be required to wear a seat belt at all times.

YES / NO (circle one please)

2. Action in absence of parent/guardian:

I _____, parent/legal guardian, authorise members of THALES Foundation staff responsible for the summer camp activities to take all steps necessary in the event of sickness, accident, hospitalization, or surgical intervention with regard to my son/daughter. Should any of the above occur, staff will always try to contact parents in the first instance. However, if this is not possible, I agree to my son/daughter receiving medication or treatment as instructed by medical experts in an emergency medical unit.

Signature:.....

3. Safety and Insurance:

I have ensured that my son/daughter understands that it is important for his/her safety and for the safety of the group that any rules and instructions given by staff in charge are obeyed. In particular, students must follow the summer camp rules as instructed by the organizers. Should my son/ daughter break the rules or instructions, I agree to support the camp's implementation of appropriate disciplinary action which may include sending the student home. If this is deemed necessary, I understand that the responsibility for accompaniment and any expenses incurred will be the responsibility of the parent/guardian.

Limited accident insurance will be established to cover health expenses in case of accident. As this is limited and may not cover the full cost it is the understanding and requirement that parents should have coverage of accident insurance for their kids.

Submitting of summer camp fee confirms that the parents/ guardians agree to all summer camp regulations.

Signature:.....

4. Allergies (Food/Drug) and/or Health Concerns*:

My son/daughter has allergies YES / NO (circle one please)
 If YES, please describe

*Complete Special Instructions, if applicable. In addition to outlining special instructions herein, parents of students who have any food allergies of any type are required to bring in a written note providing a detailed written plan if the child would need assistance with an allergy.

Special Instructions: What symptoms might your child exhibit?

Requested actions to be taken by staff:

Medication: Is the participant taking any medication? YES / NO (circle one please)
 Will participant need to take medication during program hours? YES / NO (circle one please)

(If yes, attach a Medication Authorization Form) - This document is a consent/waiver agreement between THALES Foundation, Summer Camp and the participant's parents/guardians. This form must be signed and returned before the participant attends the camp. Permission is granted that my child will participate in all activities (including field games and swimming) during camp hours.

Signature:.....

5. Photos & Videos:

I agree that any photographs or video taken of my child or testimonial given may be published on THALES Foundation site or on special leaflets used by THALES Foundation.

YES / NO (circle one please)

Signature:.....

I have read all the sections above and I understand fully the terms and conditions that have been explained.

By signing this parental/guardian consent form, I am giving my permission for my child to attend the Kangourou Summer Camp organized by the THALES Foundation.

Participant/Student Name: _____

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Date: _____