




2016



18 July to 12 August
Ages: 6-16



The International School of Aberdeen is pleased to introduce Summer Camp for 2016. The camp is open to all children aged 6-16. You may enrol your child for one, two, three or all four weeks. The first session starts 18 July and the final session will conclude on 12 August. We will start every morning at 09:00 (Children may enter the school at 08:45) and conclude at 17:00. A hot lunch and snacks will be provided daily. We anticipate that the Camp will again fill up early. Sign-ups begin 15 March. We look forward to another great summer at ISA!



On the first Monday of every week of camp we will have a parent orientation. We will review how the days of camp will proceed and where to drop off and pick up your child. Every day your child will need a towel, swimsuit and comfortable clothes. Options include shin guards, and plastic bottom football boots. Each morning there will be a sign-in table and a sign-out table at the end of the day.



Forward any questions to Mark DeGraw at:
mark.degraw@isa.aberdeen.sch.uk
Send your enrolment and medical forms to
rławrie@isa.aberdeen.sch.uk
Electronically or by post.



Pitfodels House, North Deeside Road,
Pitfodels, Cults, Aberdeen AB15 9PN

2016



ACTIVITIES

Activities: Swimming: All children will be involved in swimming. Everyone will need to bring swimwear and a towel every day.

Football: Marshall Phillips will again be instructing at ISA this summer!

Indoor Wall Climbing: No experience needed. Each camp member will be able to try novice and expert routes.

Circus: Each day at camp we will combine all the kids for an hour of circus fun. Unicycles, hula hoops, juggling, stilts, and a variety of challenging activities will be on offer.

Judo: We will offer an introduction to martial arts this summer.

Gymnastics: Our two youngest groups will have an introduction to gymnastics.

Art: We will offer a creative art class every day at camp.

Basketball: All grades will be instructed in the fundamentals of basketball.

Archery: The older kids will get a chance to develop their archery skills.

Computer: We will offer a computer class for the older groups.

Cooking: Each group will have a chance in the kitchen.

And More: There are many more activities planned and will be dependent on the weather.

COST

The cost of £225.00 per week includes lunch and snacks each day. Please circle the week or weeks you would like your child to attend:

18 - 22 / 25 - 29 July
01 - 05 / 08 - 12 August

Name of parent: _____

Name of child: _____

Age of child: _____

Parent telephone number: _____

Parent e-mail: _____

Parent address: _____

Please include the medical form with your payment. Payment can be made by Cheque, Cash, Debit or Credit Card. We accept Child Care Vouchers. Please contact ISA Business Office. Cheques to be made payable to ISA. If you wish to pay via Credit Card, a 2% charge will be added to each transaction. If you do wish to use one of your cards your details are required below:

CHILD(S) NAME: _____

CARD TYPE (Please circle) Debit / Maestro / Mastercard / Visa Card

CARD NO:

NAME:

EXPIRE DATE:

3 DIGITAL SECURITY CODE:

AMOUNT:

SIGNED:



International
School of Aberdeen

ISA Summer Camp Attendance Form 2016

Please complete this form in BLOCK CAPITALS for the child attending summer camp (one form per child).

Please return the completed form to ISA at least one week prior to attendance.

ISA International School Of Aberdeen		
DETAILS		
CHILD'S NAME: GENDER:	DATE OF BIRTH and AGE: FIRST LANGUAGE:	
EMERGENCY CONTACT NUMBERS		
HOME ADDRESS: EMAIL ADDRESS:	PARENT'S WORK ADDRESS: WORK EMAIL:	
HOME TEL No:	WORK TEL No:	
MOBILE TEL NO:	ALTERNATIVE EMERGENCY CONTACT (Name/Relationship):	
DOCTORS NAME: TEL NO: ADDRESS:	ALTERNATIVE EMERGENCY TEL No (Home/Mobile):	
MEDICAL & BEHAVIOURAL INFORMATION (Complete the reverse page for medication details)		
Please inform us of any relevant medical or behaviour information. Does your child:		
Have Asthma? Yes <input type="checkbox"/> No	Have behavioural issues? Yes <input type="checkbox"/> No	
Carry an inhaler to school Yes <input type="checkbox"/> No	Have a medical condition or disability? Yes <input type="checkbox"/> No	
Have Diabetes? Yes <input type="checkbox"/> No	Had any major medical illnesses or surgery? Yes <input type="checkbox"/> No	
Have Epilepsy? Yes <input type="checkbox"/> No	Have a Heart Problem? Yes <input type="checkbox"/> No	
Have ADHD? Yes <input type="checkbox"/> No	Have toilet requirements? Yes <input type="checkbox"/> No	
Have allergies to food, medicines, insect stings/bites, plants/pollen? Yes <input type="checkbox"/> No Have an epipen? Yes <input type="checkbox"/> No		
If YES to any of above, please give details (please use separate sheet if necessary)		
DIETARY INFORMATION OR OTHER SPECIFIC REQUIREMENTS		
SPECIAL DIETARY (OR OTHER) NEEDS: Yes <input type="checkbox"/> No DETAILS:		
SWIMMING INFORMATION – YOUR CHILD'S ABILITY		
<input type="checkbox"/> New to swimming <input type="checkbox"/> Can swim at least 10m unaided front and back <input type="checkbox"/> Can swim at least 25m on front and back and can tread water for 2 minutes		
AGREEMENTS		
Yes No <input type="checkbox"/> <input type="checkbox"/> I authorise the ISA staff to act on my behalf in the event of an emergency. <input type="checkbox"/> <input type="checkbox"/> I agree to my child receiving emergency dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by medical authorities. I understand that the ISA staff will do their best to contact me prior to any such treatment. <input type="checkbox"/> <input type="checkbox"/> I give permission for photographs or DVD recordings to be taken of my child in group activities by a person or company approved by the summer camp staff. <input type="checkbox"/> <input type="checkbox"/> I give permission for this child to return home unaccompanied If there are any medical treatments you wish your child not to receive, please specify them in the box below.		
Additional notes or requirements (please use a separate sheet if necessary):		
PARENT NAME:	SIGNATURE:	DATE:

Medication Form

Please complete this form in BLOCK CAPITALS for the child attending summer camp (one form per child).
Please return the completed form to ISA as soon as possible.
Sensitive medical or behavioural information will be held securely and confidentially.

Important Notes

- No medication can be given without the parent's permission and signature.
- All medication is to be clearly labelled with the name of child, type of medication, date of expiry and if refrigeration is required.
- For EPIPENS & NEEDLE INJECTIONS - a specific contract between ISA summer camp staff and the parent/carer must be completed. Only trained staff are permitted to administer such medication.

Medication Authorisation

<i>Type of medication</i>	<i>Dosage</i>	<i>Possible Side Effects</i>
.....
.....

- I give permission for a First-Aider, and named staff to administer the above medication in my absence.
- I give permission for my child to self medicate (give details)

Named staff (optional)

Signed (Parent or Carer) Date

Medication Record

To be completed each day to ensure doses are not duplicated. A new table should be completed for each week attended.

Week Beginning Date:	Monday	Tuesday	Wednesday	Thursday	Friday
Time of first dosage					
Dosage					
Administered by					
Time of next dosage					
Dosage					
Administered by					
Time of next dosage					
Dosage					
Administered by					
Parent/Carer Signature					

To be signed by the parent/carer at the end of the day.
Parent/carer must remove all medication at the end of each day for safe keeping and return it the next morning.