



**SUMMER CAMP**

**EL CAMPAMENTO DE VERANO**



**ST JOHN'S SCHOOL**

SIDMOUTH, UNITED KINGDOM



## SUMMER CAMP AT ST JOHN'S 2026

This consent is related to all international educational / recreational / sport visits (IA) and international short stay exchange programmes, (hereinafter "ISSEP"). By signing this consent you agree your child taking part in the referred activities as a general consent form. Notwithstanding your consent given, the School will provide you with information about the proposed activity before it takes place, which will give you the opportunity to inform the School if you do not wish your child to take part in a particular trip.

This consent for an ISSEP is related to the enrolment in an international activity in which the student is going to travel to a foreign country, enrol in activities offered by a host School. By signing this consent you agree to your child taking part in the referred activities as a general consent form.

Student's Current School/College:

Student's surname		
Student's first names		
Date of birth		Current Grade / Form:
Home address		
Name of parent / guardian		
Parent/guardian email address		
Emergency contact telephone/s		
Gender	Male	Female

### Travel Information

**Students must arrive on 19th July 2026 and depart on 1st August 2026**

Departure Airport:

UK Departure Airport:

Flight number :

Flight number:

UK Arrival Airport:

Departure Date:

Arrival Date:

Departure Time:

Arrival Time:



# GENERAL CONSENTS

## General Health

I confirm that to the best of my knowledge and belief my child is in good health. I am aware of no reason on medical grounds why my child should not take part in the above referred to activity. I have provided full information on any disability or special needs that might affect my child's ability to take part in the international activity or have an effect on the safety and welfare of my child or others in the party. I agree to update the School in the event that my child's health, disability, or needs change.

## Accident / Illness

I consent to all emergency or other medical or dental treatment including inoculations, general or local anaesthetic, surgery or blood transfusions, which, in the opinion of a qualified medical practitioner, are necessary for the safety and wellbeing of my child.

I accept that the School and the host family (if applicable) commits to ensure, so far as is reasonably practicable, my child's health and safety whilst on the international activity.

It is expected that most visits will be of a sufficiently straightforward nature that the school itself will contract relevant insurance coverage which will be included in the activity's fees.

In certain circumstances, such as a ski trip, the insurance will have to specifically cover the risks involved. In the case of the School paying the costs of the referred insurance, parents agree to reimburse the School for any deductible costs incurred by the School needed to provide necessary emergency medical provided the School retains all receipts and records.

I certify that my child has travel/medical insurance to travel to the UK

## Visits abroad

I certify that my child has a current biometric passport and all necessary visas and satisfies the entry requirements of the country to be visited. (Please note all travellers from the EU now need Electronic Travel Authorisation to enter the UK.)

I confirm that my child has had the necessary vaccinations / inoculations for the country to be visited.

I confirm I have sent /will send a scan/photo of my child's passport with this application and acknowledge a place will not be reserved until this is received.



## Transport

I consent to my child travelling by any form of public transport and/or in motor vehicle(s) driven by the group leader or any other supervisor who is authorised by law and duly insured to drive. I acknowledge that there are inherent risks associated with travel to, from, and within the ISP and agree to brief my child in order for him/her to take every precaution to safeguard his/her personal health and safety.

## Personal effects of the student

I acknowledge that my child will be responsible for the safety of his/her own money and personal effects. The School shall not be responsible for losses, unless these are caused by the negligence of the School.

## Breach of discipline

In the case of extended visits or where the full cost is not paid in advance, I understand and accept that if my child is sent home early from the international activity because of non-payment; or expulsion due to disciplinary or behavioural matters; unacceptable academic performance, where applicable ; irregularity or irregularities in the student's personal documentation; decisions of the Immigration Department, I accept that the School may rescind the enrolment contract without any refund and I will be required to meet the costs of the student travelling back to his/her country of origin plus all associated expenses.

## Swimming and other adventure activities

I confirm that (please tick as appropriate)

- My child is able to swim 50 metres
- My child is confident in the sea / open inland water
- My child is safety conscious in water
- My child is water confident in a pool

I confirm that, under supervision, (please tick as appropriate)

- My child is allowed to go swimming in a pool
- My child is allowed to swim in the sea / open inland water



### Limitation of Liability

Nothing in this form limits or excludes the School's liability for death or personal injury caused by the School's negligence or the negligence of its employees, agents or subcontractors or for anything else in respect of which it would be unlawful for the School to exclude or limit its liability.

I accept the School shall not be liable for any loss or damage resulting from situations beyond its reasonable control and in those cases not related to standard School's activities which are curricular and programmed extracurricular activities in and/or off school's campus.

If the School fails to comply with these terms or with its international activities policy or acts negligently it is responsible for loss or damage the student may suffer that is a foreseeable result. However, the School is not responsible for any loss or damage that is not foreseeable. Loss or damage is foreseeable if it was an obvious consequence of the School's breach or if it was contemplated by the School at the time of declaration.

### Parent or Guardian's declaration

Name of Parent / Guardian:

Signed:

Date:

### Student's declaration (from 14 years old and over)

I promise to observe the rules governing behaviour on the international activity and also the School Rules and/or Code of Conduct.

I will do my best to ensure my own safety and that of the other members of the party.

I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the School.

Name of Student:

Signed:

Date:



**ST JOHN'S SCHOOL**  
SIDMOUTH, UNITED KINGDOM

Nursery – Junior – Senior – Boarding  
Individuality – Opportunity – Success

# MEDICAL INFORMATION & CONSENT FORM

THE SCHOOL REQUIRES YOU TO COMPLETE ALL SECTIONS OF THIS FORM AS FULLY AS POSSIBLE. THE INFORMATION PROVIDED BY YOU IN THIS FORM WILL HELP US TO CARE FOR YOUR CHILD WHILE HE/SHE IS A STUDENT AT THE SCHOOL.

All information received on this form will be treated in confidence.

For more information about how the School may use your and your child's information contained in this form, please see our student privacy notice and our parent privacy notice which is published on the School website

[www.stjohnsdevon.co.uk](http://www.stjohnsdevon.co.uk)

## CHILD'S DETAILS

Child's full name:

Date of Birth:

## CHILD'S DOCTOR'S DETAILS

Address of child's doctor:

Telephone number:

## EYESIGHT AND HEARING

Does your child have an eyesight condition?

YES

NO

Does your child have a hearing condition?

YES

NO

If you have answered Yes to either question above, please provide details below:

If your child takes any medication for an eyesight or hearing condition, please provide details in the Medication section in this form.

## INFECTIOUS CONDITIONS

Has your child had any of the following infectious conditions?

Condition:	Yes	No	Approximate date of infection
Mumps			
Rubella			
Chicken pox			
Measles			
Glandular fever			
Rheumatic fever			

If you have answered Yes to any of the above, please provide details below:

Has your child recently been in contact with anyone with an infectious or contagious disease?

## ALLERGIES

Does your child have any allergies?

Hayfever	Yes	No
Animals	Yes	No
Foods	Yes	No
Other Allergies	Yes	No

If you have answered Yes to any of the above, please provide details below:

If your child takes any medication for an allergy, or carries an Epi-pen or other auto- injector, please provide details in the Medication and treatment section in this form.

## DIETARY REQUIREMENTS

If your child has special dietary requirements, please provide details in the box below:

**OTHER CONDITIONS**

**Does your child have any of the following conditions?**

Asthma	Yes	No
Diabetes - type 1	Yes	No
Diabetes - type 2	Yes	No
Epilepsy	Yes	No
Mental health condition(s)	Yes	No

Please add any details in the box below

Other condition(s)

## CURRENT MEDICATION AND TREATMENT

Name of medication / treatment	Reason for medication / treatment	Dosage	Frequency

Please provide details below of any condition which may prevent your child from taking a full part in the School's academic and games or sports curriculum, and outdoor activities.

### Parent or Guardian's declaration

I/We have provided full and complete information about my/our child in this Medical Information Form.

I/We agree to inform the School in the event that my/our child's health or needs change.

I/We also agree to inform the School of any medication or treatment my/our child is receiving as I/we understand that appropriately qualified School staff may administer medication or need to refer on to medical, dental and optical specialists as required.

First signatory

Second signatory

**Title (eg: Mr, Mrs, Ms)**

**Names in full**

**Relationship to child**

**Date**

**Signature**

## MEDICAL CONSENT

### First Aid

I/We consent to appropriately trained and qualified members of the School staff administering first aid to my/our child where appropriate.

### Medical treatment:

I/We hereby give my consent for the School to act on my/our behalf as necessary for my/our child's welfare if they require a medical examination, medical testing or minor medical treatment such as attendance at a local GP, Doctor or Optician.

### Emergency Medical Treatment

I/We give my/our consent for the Head to act on our behalf to authorise emergency medical treatment as necessary for my child's welfare in the event I/we cannot be contacted in time.

### The Administration of Medicines

I/We hereby give consent for appropriately qualified members of the School staff to administer prescription medication as listed in this form or as subsequently notified to the School and/or non-prescription medication such as paracetamol, ibuprofen and other over-the-counter remedies under protocols for treating minor ailments as set out in the attached Non- Prescription Medicine form.

If there is any form of medication or remedy you would prefer your child not to receive, please give more information in the box below.

First signatory

Second signatory

**Title (eg: Mr,Mrs,Ms)**

**Names in full**

**Relationship to child**

**Date**

**Signature**



# NON-PRESCRIPTION MEDICINE

I agree to my child receiving the following first aid and appropriate non-prescriptive medication when required, as set out in the table below

CHILD'S NAME

PARENT'S SIGNATURE

PARENT'S NAME

DATE

AILMENT	DRUG	RECOMMENDED DOSE	INDICATIONS	CONTRADICTIONS
HEADACHES PAIN FEVER	IBUPROFEN 200mg	Adults and children over 12 years – 1-2 tablets with or after food (leave 4 hours between doses) Do not give more than 3 doses in any 24 hour period	Relief from headaches, muscular pain, backache, fever, migraine, period pain, dental pain, colds and flu	Children under 12 years. Do not take with other ibuprofen containing products. Do not give this medication for more than 10 days
	NUROFEN FOR CHILDREN	Children 4-6 years – 1 x 7.5ml dose (6-8 hours between doses) Children 7-9 years – 1 x 10ml dose (6-8 hours between doses) Children 10-12 years – 1 x 10-15ml dose (6-8 hours between doses) Do not give more than 3 doses in any 24 hour period	Relief from fever relief, headache, cold symptoms, teething, toothache, earache, sore throats, minor aches and sprains	Do not take with other ibuprofen containing products. Do not give this medication for more than 3 days
	PARACETAMOL 500mg	Children 10-15 years – 1 tablet (leave 4-6 hours between doses) Do not give more than 4 tablets in any 24 hour period Adults and children over 16 years – 1-2 tablets (leave 4-6 hours between doses) Do not give more than 8 tablets in any 24 hour period	Relief from mild to moderate pain including headache, migraine, toothache, sore throat, period pain, muscle pains and fevers.	Children under 10 years. Do not take with other paracetamol containing products. Do not give this medication for more than 3 days
CUTS GRAZES	CALPOL SIXPLUS	Children 6-8 years – 1 x 5ml dose (leave 4 hours between doses) Children 8-10 years – 1 x 7.5ml dose (4 hours between doses) Children 10-12 years – 1 x 10ml dose (4 hours between doses) Do not give more than 4 doses in any 24 hour period	Relief from fever, cold and flu symptoms, toothache, headache, sore throat, earache, aches and pains	Children under 6 years old. Do not take with other Paracetamol containing products
	SAVLON ANTISEPTIC CREAM	Apply cream to the affected area Do not use in eyes or ears	Cuts and grazes, insect bites and stings, blisters and sores, sunburn	Do not use if you are allergic to any of the ingredients especially Chlorhexidine
SORE THROATS	STREPSILS	Adults and children over 6 years – 1 lozenge (leave 2-3 hours between doses) Do not give more than 12 lozenges in any 24 hour period	Relief for sore throats, mouth and throat infections	Children under 6 years. Choking hazard and intolerance to some sugars
ALLERGIES ITCHING RASHES	PIRITON SYRUP	Children 2-6 years – 2.5ml (4-6 hours between doses) Do not give more than 15ml in any 24 hour period Children 6-12 years – 5ml (4-6 hours between doses) Do not give more than 30ml in any 24 hour period Adults and children over 12 years – 10ml (4-6 hours between doses) Do not give more than 60ml in any 24 hour period	Relief from hayfever and other allergies, rashes, hives, heat rash, dermatitis. Reactions to food, medications and insect bites	May cause drowsiness
	BITE AND STING RELIEF	Apply cream directly to the site of the insect bite, insect sting or rash.	Relief from insect bites, stings and nettle rash	Cuts or grazes, on eczema, or excessively broken skin, sunburn



# PHOTOGRAPHIC CONSENT FORM

Full Name of Child

To comply with data protection norms and regulations, the School needs permission to photograph or make any recordings of your child.

The School often takes photographs or videos (hereinafter 'images') of children either at school or when they are involved in school organised activities, to promote the school's services and/or to inform and communicate to parents, the school community and wider community of daily and special activities and events.

The School may use these images of children in prospectuses or in other printed and digital publications, including the school's website and social media.

From time to time media may visit our school and may take images previously authorised by the School's authorities.

No personal information and/or identification of any student other than their first name may be given, whether in conjunction with a published image or not.

Parents of children at the school are not permitted to take images for anything other than their own personal use, otherwise they will require the consent of other parents whose children may be captured in images. The School shall not be held responsible for the improper use of images taken by parents.

The School shall not be held responsible for the use of images by third parties taken from published images.

After reading this information please complete and return this form to confirm your consent (or refusal of consent). Please keep a note of this information for future reference.

I have read and understood the school's policy on using student images. I understand that my decision on whether to give consent will remain valid throughout my child's time at School and one year after they leave, unless I notify the School to the contrary, in writing. The consent will automatically expire after this time. I confirm that if I, or members of my family, take images of any School event, these will be kept for family use only.

I consent to the School and its agents using images of my child stated above

OR

I refuse consent to the School and its agents using images of my child as stated above

**Title (eg: Mr,Mrs,Ms)**

**Names in full**

**Relationship to child**

**Date**

**Signature**



# MOBILE PHONES & DEVICES

**Name of Child:**

## Mobile Phone

Make & Model

Mobile Number

## Device (Ipad/Tablet)

Type of Device

Make and Model

I give my child permission to use a mobile phone and/or device at St John's

I agree that should my child not conform to the school policy on mobile phones/devices, or misuse their phone/device in any way, the phone/device will be confiscated.

If there is continued misuse, the phone/device will be returned home at our expense.

I confirm the phone and/or device has been clearly marked with the child's name.

I acknowledge that the school will not accept responsibility for any loss, damage or theft of any mobile phone/device and that it is **not** covered under the school's insurance policy.

**Title (eg: Mr,Mrs,Ms)**

**Names in full**

**Relationship to child**

**Date**

**Signature**



**ST JOHN'S SCHOOL**  
SIDMOUTH, UNITED KINGDOM

# PAYMENT SCHEDULE

The Summer Camp runs from 19th July – 1st August 2026

All attendees must arrive on 19th July and depart on 1st August 2026

The cost for the Junior Programme (students aged 12-14) is £1595  
The cost for the Senior Programme (students aged 15-17) is £1695

This includes:

- All accommodation
- All meals
- All activities and excursions
- Government taxes

**All costs (flight and airport transfer) related to travel to and from Sidmouth are excluded.**

## Payment details

Payments are made to current school for IES and SEK schools.

For students outside of IES and SEK, payments are made directly to St John's School.

**The total cost is £1595/£1695 - all payments are non-refundable.**

Full payment is due to St John's with 10 working days of submitting this booking form.

No places will be confirmed without St John's receiving full payment, valid passport and a registration form.

## Bank Details

ACC NAME: St John's International School Ltd  
BANK: HSBC  
SORT CODE: 40-42-02  
ACC NUMBER: 21584693  
IBAN CODE: GB39HBUK40420221584693  
SWIFTBIC: HBUKGB4B

Please contact [sabrina.groeschel@iesmail.com](mailto:sabrina.groeschel@iesmail.com) with any questions



# TRAVEL CHECKLIST

- Email a photo of Passport to [sabrina.groeschek@iesmail.com](mailto:sabrina.groeschek@iesmail.com) with this form
- Apply for Visa if required
- Send flight details (a photo of booking) to [sabrina.groeschel@iesmail.com](mailto:sabrina.groeschel@iesmail.com) and confirm if you would like assistance with arranging travel from the airport to the school.

## ADDITIONAL THINGS TO BRING

- Passport**  
Make sure it's valid for at least 6 months beyond your planned return date.
- Visa**  
Depending on your destination country, you may need a visa to enter the UK.
- Travel Insurance**
- Credit/Debit Card**
- Phone Charger/Adapter**
- Prescription Medications** - Must be in original box
- Comfortable clothing for activities**
- Warm clothes for evenings**
- Swimming kit**
- Toiletries**

Please do not bring any food or products containing nuts

Please contact [sabrina.groeschel@iesmail.com](mailto:sabrina.groeschel@iesmail.com) with any questions