NENAGH SPECIAL SUMMER CAMP

HELP OUR CHILDREN PLAY



Application Form for Camp 2026

Name of Child: _____ Date of Birth: _____

Diagnosis of Condition: _____

Is there any medical conditions or serious illnesses that we should be aware of? Yes _____ No _____

Please give details of this condition / illness to support Camp participation in Camp for your Child:

_____

_____

_____

_____

Information about seizures – Type, Frequency, Treatment: _____

_____

_____

_____

_____

Drug Regime and Sensitivity Reactions: _____

_____

_____

_____

_____

Special Diet – Any forbidden foods, liquid intake, etc.: _____

_____

_____

Any special/other information: _____

_____

_____

_____

Personality of your Chid / Favourite games, pastimes, etc. **please do not leave this section blank**. You, the parent, know your child best, his/her likes and dislikes, favourite activities, etc. This information helps us should they not participate in an activity.

_____

_____

_____

_____

_____ PTO ►

Behaviour – please tick where appropriate:

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Does your child suffer from travel sickness? Yes _____ No _____

Shy _____ Aggressive _____ Friendly _____ Withdrawn _____ Violent (biting, etc.) _____

Hyperactive _____ Absconds _____ Engages in self-injurious behaviour _____ Other _____

Toileting – please tick where appropriate: Capable _____ Incapable _____ of using toilet

Nappies: Day _____ Night _____ Both _____ Smears: Occasionally _____ Never _____ Often _____

Does he / she need help with the following? Washing _____ Dressing _____ Walking _____

Name of 1st Parent / Guardian: _____ Contact No.: _____

Name of 2nd Parent / Guardian: _____ Contact No.: _____

Address: _____

Email Address: _____

Family Doctor: _____ Phone No: _____

Address: _____

Have you participated in Nenagh Special Summer Camp before? Yes _____ No _____

GENERAL CONSENT

Please tick the box if you do NOT wish your child to be photographed at Camp ☐

I hereby give my consent for _____ to participate in Nenagh Special Summer Camp 2026

Signed: _____ Parent / Guardian

??? Completed Application Form to be returned to the Information Evening ONLY at The Hi B, 54 Pearse Street, Nenagh, E45FN32 (meeting room overhead the Restaurant) on **Monday, 24th March 2025 at 7pm**.???

Weeks	**Ages**
Week 1: 6th – 10th July	5 – 9 years
Week 2: 13th – 17th July	10 – 13 years
Week 3: 20th – 24th July	14 – 18 years

Venue for this year's Camp: Nenagh College, Dromin Road, Nenagh, Co. Tipperary, E45 VF51
