

Move More Camps

Terms & Conditions

1. Cancellation Policy

If a cancellation is made **5 days or more in advance of the event date**, you will receive a 100% refund of the booking price (unless payment was made via a childcare voucher provider in which case 100% of the monetary equivalent in 'camp credit' will be offered).

Cancellations or date alterations requested **within 5 days of the event date (exc the last 24 hours prior to**, see below) will receive 'camp credit or voucher' for use up to 6 months in the future; the value of this credit may be subject to a discretionary 10% administration fee ie. will be worth 90% of your original booking price.

If a late cancellation is made **within 24 hours of the booking date the total booking fee will be payable and is non-refundable**. Appeal for a refund will be considered and made at Move More's discretion.

2. Medication

If your child requires medication please include this information when registering, you will be asked to fill in a medication form on arrival at camp. Move More staff are not permitted to give the first dose of antibiotics.

3. Sickness

If a child develops an illness whilst on camp, the emergency contact numbers will be called. It is important that one of these contacts is able to collect a child that is too unwell to take part or displays the symptoms of an infectious disease. If a child has had an infectious disease, please consult the exclusion table below on the time needed before a child can attend a Move More camp. Children are excluded from attendance at camp for 48 hrs after last symptoms of diarrhoea & vomiting.

4. Intimate care

Move More operates an Intimate Care Procedure and you will be asked on your preferences on registration. If you change your mind about your preferences around intimate care, please email camps@move-more.org

5. Accidents/incidents

Any accident or incident involving your child will be attended to by Move More Staff. Staff are paediatric first aid trained and will provide first aid to your child. If the injury is beyond first aid, an ambulance will be called and the emergency contacts on the registration will be informed. An accident/incident form will be completed by the member of staff who offers any First Aid and this will be shared with the person collecting the child.

6. Behaviour

Children are expected to follow age appropriate Camp Rules and will be supported to do so. Move More operates a Behaviour Management process; this can be found at

<https://move-more.org/information-for-parents/>. It is important that emergency contacts are (on the unlikely occasion) available to collect children if the situation becomes untenable. If there has been a behaviour incident during the day, this information will be shared with parents on collection.

7. Arrival & collection of children

On arrival registration, each child is allocated a personalised code, this code needs to be quoted on collection of the child. This code will need to be sent to person collecting the child, if this is different from the person dropping off.

If an expected child does not turn up, attempts will be made to confirm whether they are due to arrive or not, using the contact details on registration. If appropriate, the Missing Child Procedure will be instigated.

If the person collecting does not have the code, the emergency contacts on file will be phoned to confirm arrangements. We prefer that children do not arrive and leave camp on their own, however, if this is unavoidable, Move More needs to be informed by a parent/guardian. This is only acceptable for children who are 8 years old or over.

If a child is not collected at the expected time, attempts will be made to contact the registering adult or emergency contact. Children can remain on camp until 5.30pm being charged until that point (end of camp). Any late collection for children after 5.30pm, continual attempts will be made to contact the registering adult or emergency contact, for a maximum of 2 hrs. An additional late pick up fee will be charged at £25 / hr. If no contact has been made with the registering adult or emergency contact and no alternative responsible adult can be identified or located by 7.30pm then Social Services will be contacted.

Move More reserves the right to refuse a child being collected by anyone deemed inappropriate i.e. not having the code, under 12 yrs, acting inappropriately i.e. under the influence of alcohol or drugs, aggressive behaviour. In such circumstances, continual attempts will be made to contact the registering adult or emergency contact, for a maximum of 2 hrs, to make alternative arrangements.

8. Food

Move More Camps are a nut free camp, so please do not provide nuts or nut based snacks within your child's lunchbox. This is for the protection of children who have a nut allergy. If nut based foods are identified, they will be secured safely, away from children's areas and will be returned to the collecting adult at the end of the day.

9. Complaints

If you would like to make a complaint to Move More or directly to Ofsted, you can find the contact information on our website

<https://move-more.org/information-for-parents/>

10. No Screen policy

Move More prides itself on a no screen policy with regards to children watching TV or playing games on hand held devices. It is recommended that children do not bring any hand held devices to camp as Move More cannot accept responsibility for the

security of such equipment. Move More may use technology from time to time to enhance an activity.

11. Data Protection

All collected personal data will be held securely, aligned to Move More's Data Protection Policy which can be found here <https://move-more.org/privacy-policy/>

Appendices

Health Protection for schools, nurseries and other childcare facilities

Exclusion table

| Infection | Exclusion period | Comments |
|--|---|--|
| Athlete's foot | None | Athlete's foot is not a serious condition. Treatment is recommended. |
| Chicken pox | Five days from onset of rash and all the lesions have crusted over | |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment |
| Conjunctivitis | None | If an outbreak/cluster occurs, consult your local HPT |
| Diarrhoea and vomiting | Whilst symptomatic and 48 hours after the last symptoms. | See section in chapter 9 |
| Diphtheria * | Exclusion is essential. Always consult with your local HPT | Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT |
| Flu (influenza) | Until recovered | Report outbreaks to your local HPT. |
| Glandular fever | None | |
| Hand foot and mouth | None | Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances |
| Head lice | None | Treatment recommended only when live lice seen |
| Hepatitis A* | Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice) | In an outbreak of hepatitis A, your local HPT will advise on control measures |
| Hepatitis B*, C*, HIV | None | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice |
| Impetigo | Until lesions are crusted /healed or 48 hours after starting antibiotic treatment | Antibiotic treatment speeds healing and reduces the infectious period. |
| Measles* | Four days from onset of rash and recovered | Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or |
| Meningococcal meningitis*/septicaemia* | Until recovered | Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed |
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed |
| Meningitis viral* | None | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded. |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information |
| Mumps* | Five days after onset of swelling | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff |

| Infection | Exclusion period | Comments |
|--|--|--|
| Ringworm | Not usually required. | Treatment is needed. |
| Rubella (German measles) | Five days from onset of rash | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife |
| Scarlet fever | Exclude until 24hrs of appropriate antibiotic treatment completed | A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases please contact local health |
| Scabies | Can return after first treatment | Household and close contacts require treatment at the same time. |
| Slapped cheek /Fifth disease/Parvo virus B19 | None (once rash has developed) | Pregnant contacts of case should consult with their GP or midwife. |
| Threadworms | None | Treatment recommended for child & household |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need an antibiotic treatment |
| Tuberculosis (TB) | Always consult your local HPT BEFORE disseminating information to staff/parents/carers | Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gyms and changing rooms |
| Whooping cough (pertussis)* | Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing |

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.