

## **Move More Camps**

### **Terms & Conditions**

#### **1. Cancellation Policy**

If a cancellation is made 4 weeks or more in advance of the event date, you will receive a 100% refund of the booking price. Cancellations made within 4 weeks of the event date will be given as 'camp credit' for use up to 6 months in the future; the credit will be 100% of your booking price. If a cancellation is made within 48 hours of the event date, a refund it is 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](mailto: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 @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). 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 @ <a href="http://www.nhs.uk">www.nhs.uk</a> ) 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 @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). 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 @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). 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.