



**ARMY SECTION
LANCASTER ROYAL GRAMMAR SCHOOL CCF
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23.3.21

Dear Parent,

EXERCISE MOUNTAIN MEANDER 22-27 June 2021

CCF army section cadets who are taking part in the LRGS CCF Gold DofE award may attend Exercise Mountain Meander in the Lake District National Park. There are places for 12 cadets and these will be awarded on a first come first served basis. Successful completion of this exercise will qualify them for both the practice and qualifying expedition sections of their Gold DofE award. The expedition will start at 08.00 on Tuesday 22nd June and finish at 16.00 on Sunday 27th June. The expedition both starts and finishes at the armoury at LRGS. The expedition is walking and camping out. Your son will need to wear civilian walking clothing as well as bring in his rucksack lined with a waterproof rucksack liner the kit listed overleaf.

Due to the pandemic it may be that we have to cancel the expedition, in which case your money will be returned. Alternatively, we may need to choose a local, low-level route. It is possible that the camping element will be curtailed in which case we would return home each evening for the night.

Due to the arduous nature of the expedition your son will need to ensure he is physically fit for what will be a challenging expedition. I suggest he prepares carefully for this exercise.

No pocket / sheaf knives are to be taken.

Maps and compasses will be issued as will a cooker, fuel and tent but no rations.

Your son will need to provide rations for himself for the duration of this exercise.

The price of the expedition is £90 payable through the school's Wisepay system under General payments.

Please return the attached form immediately, an electronic version is available on the school website. If you have any problems with this or other concerns, please don't hesitate to contact me on the above number. We will be tweeting the expedition so please follow us on twitter.

Yours sincerely,

David Rowe (Lt.Col)
Contingent Commander

Kit List

ITEM NEEDED	ISSUED KIT	GOT IT	PACKED IT
INDIVIDUAL KIT			
1 pair of walking boots. CCF boots may be used.			
2 pairs of walking socks			
2 pairs of sock liners (optional)			
2 t-shirts			
2 fleece tops of similar			
2 walking trousers (not jeans)			
Underwear			
Flipflops/trainers/sandals (optional for camp site use)			
Warm hat / Sun hat (as appropriate)			
1 pair gloves (if appropriate)			
Waterproof over-trousers			
Jacket/coat (waterproof & windproof)			
Rucksack (may use CCF bergan)			
Rucksack liner (or 2 strong plastic bags)			
Sleeping bag			
Sleeping mat (may use CCF kit)	yes		
Whistle			
Torch			
Personal first aid kit			
Expedition food (including emergency rations)			
Water bottle (full, 1L) (may use CCF kit)	yes		
Knife, fork, spoon (or spork)			
Plate/bowl			
Wash kit			
Sunblock (if appropriate)			
Towel			
Notebook and pencil			
Watch			
GROUP KIT (to carry between the team)			
Tent (s)	yes		
Camping stove	yes		
Camping stove fuel	yes		
Striker	yes		
Mess tins	yes		
Scourers			
Food			
Rubbish bags			
Toilet paper			
Maps	yes		
Compasses	yes		

LANCASTER ROYAL GRAMMAR SCHOOL

PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM FOR EDUCATIONAL VISITS, OVERNIGHT STAYS AND ADVENTUROUS ACTIVITIES

(This form is to be completed in full by the parent / carer and returned to the school)

1. DETAILS OF VISIT

I agreed to my son/ward - **Full name:** **Form:** **Date of Birth:**

Visit to the LAKE DISTRICT

From: 22.6.21 08:00 **To:** 27.6.21 16:00

taking part in the above stated visit and having read the information sheet, agreed to his participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his part.

2. EMERGENCY DETAILS

- a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- b) I may be contacted by telephoning the following number(s):

Home (inc STD):..... **Work** (inc STD)

Name & Address:.....

- c) Please state an alternative contact point: - Telephone number:

Name & Address of Contact:

Child health service details: - **Medical card number:**

Family doctor (Name, address and telephone number):

3. MEDICAL INFORMATION

Does your child suffer from any of the following conditions? (Cross out the YES or NO which does not apply)

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart Trouble	yes/no	Migraine	yes/no
Raised Blood Pressure	yes/no	Tuberculosis	yes/no

If YES to any of the above, please **provide details:**

Does your child suffer from any other condition requiring medical treatment, including medication?
Yes/No

If YES, please **provide details:**

Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food? **Yes/No**

If YES, please **provide details:**

Has your child been immunised against the following diseases?

Poliomyelitis **Yes/No** Tetanus (lock jaw) **Yes/No**

If YES to tetanus, please **give date** if known.....

Is your child taking any form of medication on a regular basis? **Yes/No**

If YES, please give **full details**, indicating the type of medication and dosage.

.....

Please ensure that your child has adequate supplies of medication and dosage.

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious? **Yes/No**

If YES, please give **full details**:.....

In the case of a residential course, does your child have any:

- **Special Dietary needs**.....
- **Any childcare needs?**.....

4. INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School.

5. DECLARATION

- I have read the attached information provided about the proposed educational visit and the insurance arrangements.
- I consent to my child taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in all the activities mentioned.
- I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I am aware of the levels of insurance cover.
- I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to the School prior to the visit.

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL / ORGANISATION.

Signature of Parent / Carer (Parental / Carer consent required for children aged 17 and under)

.....

Name in block letters.....

Address

In the case of the applicant being **over 18** years of age, the following must be read and signed:

I declare the above information is correct and that the person in charge has my permission to authorise medical treatment in an emergency. I consent to medical treatment if deemed necessary by the attending authority present and the use of anaesthetics being given in the case of an emergency.

Signed

Date