



ARMY SECTION
LANCASTER ROYAL GRAMMAR SCHOOL CCF
Lee House, East Road, Lancaster, LA1 3EF

Direct: 01524 580600
Mobile : 07828590559

e-mail: jatkinson@lrgs.org.uk
twitter: @LRGS CCF



14.6.19

SUMMER CAMP ADDITIONAL RETURNS

Please complete and return to the armoury the following 3 pages of forms for the Army.

Yours sincerely,

J B Atkinson
O.C. Army Section

PARENT OR GUARDIAN'S CERTIFICATE

Cadet Rank Name and Initials

CCF Contingency (or equivalent)

1. Flying as Passenger in Service Aircraft:

I agree that, subject to the recommendation of the Commanding Officer, my son/ward/daughter may fly as a passenger in Service (RN, AAC ad RAF) aircraft in the UK.

.....
Date

.....
Signature Parent/Guardian

2. Swimming Ability

I certify that my son/ward/daughter is *strong swimmer/is able to swim a short distance only/is unable to swim.

(*Delete inapplicable wording)

.....
Date

.....
Signature Parent/Guardian

MEDICAL CERTIFICATE

Cadet Rank Name Age

Height Weight

PART 1

1. Have you ever suffered from any of the following: (Answer Yes or No)
 - a. Skin Diseases.
 - b. Chest Troubles.
 - c. Blackouts.
 - d. Rheumatic Fever and any other heart condition.
 - e. Kidney Trouble.
 - f. Severe Sprain or Fractures.
 - g. Any Respiratory Complaints (including Asthma).
 - h. Diabetes.
2. Have you ever been admitted to hospital? If so:
 - a. When.
 - b. For how long.
 - c. What for.
3. Are you at present under treatment for anything? If so what?
 - a.
 - b.

If you are taking medication you are to bring sufficient to last the course.

4. What sports do you take part in?
 - a.
 - b.
 5. Have you ever been excused sports on medical grounds (Yes or No).
 6. Are you fit at present to undergo an arduous course which includes assault course and long marches under all weather conditions? (Yes or No)
-

PART II

FITNESS CERTIFICATE - BY PARENT/GUARDIAN/SCHOOL DOCTOR OR FAMILY DOCTOR

Cadet is free from infection and fit to undergo a course of arduous training.

.....
Date

.....
Signature

Relationship

PART III

SURGICAL OPERATION

I agree that my son/ward/daughter may have a surgical operation or medical treatment in an emergency if the Camp Medical Officer considers it necessary in the urgent interests of his/her health.

.....
Date

.....
Signature Parent/Guardian