



ARMY

ARMY SECTION
LANCASTER ROYAL GRAMMAR SCHOOL CCF
City View, East Road, Lancaster, LA1 3EB



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10.9.19

Dear Parent,

BRIGADE CADET SKILL AT ARMS COMPETITION 20-22 SEPTEMBER 2019

1 Your son has the opportunity to attend the above competition at Altcar ranges. I hope the boys will go into Southport for dinner on Saturday evening.

2 He will need to be at the armoury at 17:30 on Friday 20th September having eaten and be in military uniform with the kit listed below. He will return by 17:00 on Sunday 22nd September.

3 If there are any questions about these exercises then please contact me directly. Return the consent forms directly to the armoury and the £25 fee using Wisepay under **General Payments**.

4 Kit List:

sleeping bag
combat uniform
full waterproofs, warm jumper
boot cleaning kit, washing/shaving kit, towel
knife, fork, spoon, waterbottle and mug
torch, whistle, sun cream
notebook and pencil
civilian clothes

webbing will be issued for the week-end

Yours sincerely,

John Atkinson (Captain)

O.C. Army Section

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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 **CSAAM ALT CAR**

From: 20.9.19 17.30 **To:** 22.9.19 17.00

taking part in the above stated visit and having read the information sheet, agreed to his participation in any of 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