



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



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16.3.20

SUMMER CAMP RETURNS

Dear Parent,

1. The second payment is now due. The total cost of camp is £130. I have already requested a deposit of £60. Please make the final payment of £70 using the schools' Wisepay/Parentpay systems.
2. Please complete the parental consent form, the physical activity readiness questionnaire and the shirt order form. These are attached to this letter and should be returned to the armoury by return, not to Lee House.
3. Cadets will require a packed lunch on Saturday 11th July. They should parade at 07.00 at the armoury in civilian clothing.
4. The kit list is attached at the back of this letter. Please detach it and do not return it with the other paperwork.
5. We can be contacted at camp using the above mobile telephone, signal permitting. We aim to tweet as above.
6. The return below requires your child's shirt size and the name or nick name to be printed onto a shirt or top. This should have a length of no more than 20 characters.

Name of cadet:																				
Sizes:	Shirt size: Small / Medium / Large / Extra Large * delete as appropriate																			
Name for printing:																				
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20

7. Camp is scheduled to finish on Friday 17th July not Saturday 18th July as previously advertised.
8. In the event of the cancellation of the camp due to Coronavirus I will let you know and endeavor to return all or as much of your money as possible. Should your son or daughter become ill during the camp you will need to be contactable and to make arrangements to collect your son/daughter.

J.B. Atkinson
 Captain
 O.C. Army Section

Civilian Use of Army Obstacle Courses Physical Activity Readiness Questionnaire

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

1. Please complete the necessary details below.

Name: _____ Tel No: _____

Address: _____

Emergency contact name and telephone number: _____

2. Please read the questions carefully and answer honestly.

MEDICAL HEALTH QUESTIONS

Ser		Please Choose	
		Yes	No
1	Has your doctor ever told you that you have a heart condition or that you should only carry out physical activity that is cleared by a doctor?	Yes	No
2	Is your doctor currently prescribing you drugs (for example water pills) for blood pressure or heart problems?	Yes	No
3	Do you ever feel pain in your chest when you do physical activity?	Yes	No
4	In the past month have you experienced any chest pain when you are not doing any physical activity?	Yes	No
5	Do you ever feel faint or have any dizzy spells?	Yes	No
6	Do you suffer from shortness of breath at any time?	Yes	No
7	If you suffer from asthma, including exercise induced asthma, is there any reason why it should prevent you from participating in physical activity?	Yes	No
8	Do you have any joint problems (including hip, knee, neck or back problems) that could be made worse by physical activity?	Yes	No
9	Are you aged 60 years or older?	Yes	No
10	Are you pregnant or have given birth within the last 6 months?	Yes	No
11	Are you currently taking any medication which the instructor should be made aware of? Type: _____ Reason: _____	Yes	No
12	Is there any other reason why you should not participate in physical activity? Please state why: _____	Yes	No

3. If you have completed a PAR-Q in advance of the scheduled activity and your health status changes prior to it, it is your responsibility to inform the instructor.

4. Your ability to carry out the activity will be monitored during the warm up which will also provide a functional assessment of your ability to proceed on the Obstacle Course. If the PTI determines that, based on their assessment, you are not up to the required standard; you may be refused access to the Obstacle Course.

5. I have read, understood and completed all the questions within this questionnaire to my full satisfaction.

Please Sign Here: _____ Print Name: _____ Date: _____

Instructor Sign Here: _____ Print Name: _____ Date: _____

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 **SUMMER CAMP**

From: 11.7.20 07.00 **To:** 17.7.20 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

ARMY CCF CAMP KIT LIST

Jacket MTP*
Trousers MTP*
Shirt MTP*
T-Shirt Brown*
Boots*
Belt*
Beret*
Combat hat*
Gloves*
Fleece green*
Water Bottle*
Mess tins*
Poncho*
Roll mat*
Waterproof coat*
Waterproof trousers*
Knife, Fork, Spoon, Mug*
Spare uniform*
Sleeping bag
String, bungees x 4, tent pegs x 10
Black bin liners
Torch
Whistle
Notebook and pencil
Washing kit
Brillo Pad
Face cloth
Boot cleaning kit
Sewing kit
Personal medical kit
Pocket money
Sports kit
Trainers
Track suit or similar
Towel
Civilian clothes
Lots of spare underwear and socks
Padlock + 2 keys (1 to be labelled and given to JBA)

Seniors only – lounge suit, shirt and tie.

No pocket/sheaf knives, BB guns, fireworks, pornography or alcohol.

Packed lunch required.

I do not recommend bringing expensive mobile telephones or other mobile devices to camp. Their security cannot be guaranteed, signals are poor and electrical sockets few and far between. A simple watch is far better.

*Indicates issued items