



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

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14.12.18

Dear Parent,

**EXERCISE NIGHT OWL 25-26<sup>th</sup> JANUARY 2019**

Your son has the opportunity to take part in Exercise Night Owl a patrolling exercise in Knots Wood. This will start at 3.30p.m. after school on Friday 25<sup>th</sup> January and finish by 8.00a.m. on Saturday 26<sup>th</sup>. The evening training will finish by 23.30 and overnight accommodation will be available in school. Cadets may either sleep in the school overnight, go home, be collected by a responsible adult or with the housemaster's permission return to their boarding house. This needs to be indicated on the attached form.

Your son will need to wear full combat clothing as well as bring the following:

Issued kit:

full waterproofs, warm jumper / fleece, notebook  
PLCE (Webbing), water bottle, mug, mess tins

Non-issued kit:

gloves, whistle  
knife, fork, spoon,  
torch, pencil  
emergency rations.

If he intends to sleep overnight at the school then he will also need to bring a sleeping bag and roll mat.

The exercise will cost £5. Please make the payment through wisePAY, under General Payments.

Please return the attached form to the armoury by January 15<sup>th</sup>, 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 using the above contact details.

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 **KNOTS WOOD**

**From:** 25.1.19 15.30 **To:** 25.1.19 23.30 / 26.1.19 08.00 \* Delete as applicable.

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

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** .....

**My son will stay at LRGs overnight / be collected / make his own way home/ stay in boarding\* Delete as applicable.**