



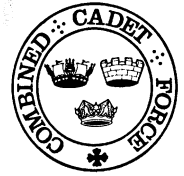
CATERHAM SCHOOL COMBINED CADET FORCE

Harestone Valley Road, Caterham, Surrey CR3 6YA

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Email: ccf@caterhamschool.co.uk



Contingent Commander: Wing Commander K M Bage BSc (Hons) MBA MCIM RAFVR(T)

Parents/Guardians

Our reference: ASFD200611

Date: 1 June 2011

ARMY SECTION BATTLECRAFT TRAINING CAMP, 19 & 20 JUNE 2011

General

1. The above Training Camp is a key part of the of the training programme for cadets in the **Army Section**. The activities will take place at Longmoor Camp (nr. Liphook, Hants.) on Sunday 19 and Monday 20 June 2011.

Aim

2. The aim of the weekend is to give the cadets a demanding and enjoyable training weekend. It will include a military obstacle course, fieldcraft training and an overnight battlecraft exercise. This constitutes one of only two annual, fully-tactical, 24-hour exercises, and will give cadets training and practice in all aspects of fieldcraft, survival, leadership and blank firing with the A2 rifle.

Administration details

3. The key administrative details are as follows:

Cost: None

Sunday 19 June 2011

Parade:	0800 hrs – CCF HQ
Transport:	Minibus/coach
Depart:	0830 hrs
Dress:	Combats
Food:	Cadets will need a packed lunch for Sunday

Monday 20 June 2011

Return: 1600 hrs – CCF HQ

NB: A more detailed itinerary for the weekend can be found attached.

Parental Consent forms

4. If you wish your son/daughter to attend the camp please complete the **THREE** attached forms and forward them to WO2 Byrne no later than **Wednesday 15 June 2011**.
- a. Parental Consent Form
 - b. Medical Consent Form
 - c. 'PARQ' (Obstacle Course Fitness Form)

Insurance

5. Pupils are advised that they bring valuables at their own risk. Pupils are covered for trip insurance with HSBC School Journeys Insurance Policy. This policy also includes pupils' personal possessions – these are covered for loss/damage under the School's Insurance travel cover with HSBC Insurance Brokers Limited.

Briefing

6. A briefing will take place in the CCF classrooms after final parade (2115-2130 hours) on Wednesday 15 June 2011.

Queries / Emergency contact numbers

7. All queries concerning the weekend should be made to WO2 Byrne at the CCF email address (see letter head). **The emergency contact number during the weekend will be Capt Wilkinson on 07950188391.**

(Original Signed)

G WILKINSON
Capt
OC Army Section

Distribution:

All Cadets in Army Section
All Staff

KIT/EQUIPMENT LIST

All items on the below list are essential for the exercise, unless marked (*). Cadets who do not have any of these items must see WO2 Byrne by Wed 15 June to have them issued.

- Full combats (including jacket)
- Issued assault boots (with heel)
- DPM waterproofs (trousers and jacket)
- Warm jumpers
- Spare socks
- Warm hat and gloves (black or green)
- Sleeping bag
- Poncho/basher
- 4 x bungees
- Tent pegs
- Webbing
- Day Sacks
- Bergen
- Camouflage cream
- Baby wipes
- 2 x mess tins
- Water bottle
- KFS and mug
- Sun cream
- Insect repellent
- Pen and paper
- Packed lunch (for Sunday)
- Torch*
- Snacks*

ITINERARY

Timings during the two days are approximate and subject to alteration.

SUN 19 June

0800	Parade, CCF HQ
0830	All cadets depart Caterham
0930	Arrive Longmoor Camp
0930-1000	Training brief
1000-1430	Obstacle Course/Fieldcraft training
1500	Exercise briefing
1530-1600	Exercise preparation
1700	EXERCISE* commences

MON 20 June

1300	EXERCISE ends
1300-1400	Exercise debrief
1400-1430	Pack up and Worship
1430	Depart Longmoor training areas
1530	Return to Caterham
1600	Cadets free to return home

** The overnight exercise will involve practice of all the cadets' fieldcraft skills. They will be cooking all their food from a 24hr ration pack, staying under bashers which they will make, and remaining tactical for the duration of the exercise. The exercise will also involve the firing of blank rounds. In the event of very poor weather, cadets will be moved to indoor troop-shelters for the night.*



CATERHAM SCHOOL

PARENTAL CONSENT FOR A UK RESIDENTIAL SCHOOL TRIP

Please complete this form using BLOCK CAPITAL LETTERS

This form, or a copy, will be taken by the group leader on the trip. A copy will be retained by the SMT emergency contact.

Trip Description CCF Army Section Battlecraft Camp.....

Date(s) of Trip : From Sun 19 June 2011.....To Mon 20 June 2011.....

Trip Organiser Capt Gordon Wilkinson.....

Name of pupilForm

Pupil's date of birthdaymonthyear (e.g. 12.10.1994)

Parent/Guardian's name (and first emergency contact).....

Parent/Guardian's address.....

Telephone numbers:-

Work.....Home.....Mobile

Alternative Emergency contact name

Alternative Emergency contact address

Alternative Emergency contact Telephone numbers

Work.....HomeMobile

I will inform the Trip Leader as soon as possible of any changes in the details given on this form between now and the commencement of the trip.

Declaration

I agree to my son/daughter/ward taking part in the trip and confirm I have read and discussed the details on the trip information sheet with my son/daughter/ward.

I agree to my son/daughter/ward participating in the activities described on the trip information sheet.

I acknowledge that my son/daughter/ward understands the importance of behaving responsibly on the trip, in accordance with the details set out in the policy for Caterham School Trips.

I understand the extent and limitations of the insurance cover provided.

Name

Signed..... Date

Information on the school's Policy for Welfare, Health & Safety on School Trips can be found on the website at www.caterhamschool.co.uk



CATERHAM SCHOOL

PARENTAL MEDICAL CONSENT FOR A RESIDENTIAL SCHOOL TRIP

Please complete this form using BLOCK CAPITAL LETTERS This form, or a copy, will be taken by the group leader on the trip. A copy will be retained by the SMT emergency contact.

Trip Description: **CCF Army Section Battlecraft Camp**

Date(s) of Trip : From **Sunday 19 June 2011** To **Mon 20 June 2011**

Trip Organiser **Capt Gordon Wilkinson**

Name of Pupil

Form

Does your child follow a special diet?

Has your child ever had any of the following: YES/NO – If YES please give details

a) Allergies to any know drugs, state name of drug(s)

b) Any other allergies (please specify)

c) Asthma or bronchitis

d) Heart condition

e) Fits, fainting or blackouts

f) Migraine or severe headaches

g) Diabetes (sugar tolerance abnormalities)

Does your child have any other weaknesses or disabilities which require special care or attention?

Give details

.....

.....

Has your child been immunised against tetanus?

Date of last injection

Is your child receiving any current medical or surgical treatment?

If so, are there any special precautions or advice to follow in an emergency?

.....

Please list and give details of any illnesses or accidents that occurred during the last twelve months

.....

.....

National health service number

Name of General Practitioner

Address of GP
.....
.....

Telephone number of GP

I will inform the Trip Leader as soon as possible of any changes in the medical details given on this form between now and the commencement of the trip.

It is essential that in the event of your child requiring emergency medical treatment, that we have your consent for our staff to act on your behalf. Please would you therefore sign the declaration below to give us an authorisation.

Declaration

I agree to my son/daughter/ward receiving medication and emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I give my consent for a member of Caterham School Staff to act on my behalf should my child require such emergency medical treatment.

I agree for my son/daughter/ward to receive non prescribed medication from a member of the Caterham School staff if this is deemed necessary.

Please note that the School can not take responsibility for any existing ailment about which the School was not informed explicitly on this consent form.

Name

Signed..... Date

Information on the school's Policy for Welfare, Health & Safety on School Trips can be found on the website at www.caterhamschool.co.uk

*All boarders are normally registered under the National Health Service with the School Medical Officer, Doctor Christopher Warwick, Townhill Medical Practice, Guards Avenue, Caterham, Surrey CR3 5XL
Tel: 08445 769218*

**CIVILIAN USE OF ARMY OBSTACLE COURSE PHYSICAL ACTIVITY READINESS
 QUESTIONNAIRE (PARQ)**

1. Please complete the all details below.

Participant's Full Name: _____ DOB _____ Tel: _____

Address: _____

Emergency contact name and telephone number: _____

2. Please read the following questions and complete the declaration overleaf.

Ser	QUESTIONS RELATING TO YOUR MEDICAL HEALTH
1	Has your ¹ doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2	Is your doctor currently prescribing drugs (for example water pills) for blood pressure or a heart problem?
3	Do you ever feel pain in your chest when you do physical activity?
4	In the past month, have you had chest pain when you are not doing physical activity?
5	Do you ever feel faint or have spells of dizziness?
6	Do you suffer from shortness of breath at any time or a respiratory condition that would prevent you from doing physical activity?
7	Do you have any joint problems (Including neck, back & hip) that could be made worse by exercise, including jumping and landing?
8	Are you pregnant or have you given birth in the last 6 months?
9	Do you have a condition requiring medication or are you taking medication which would prevent you from doing physical activity?

3. If you have completed this PARQ in advance of the scheduled activity and your health status changes prior to the start of your activity it is your responsibility to inform the instructor.

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

In accordance with the Data Protection Act 1998, the ministry of Defence will collect, use, protect and retain the information on this form in connection with all matters relating to personnel administration and policies.

¹ If completed by a parent/guardian the term you/your used throughout refers to your son/daughter.

Declaration:

**I have read and understood the Medical Health Questionnaire above and declare that:
*I / My Child (*delete as applicable) does/does not suffer from any of the conditions mentioned or
any other condition or injury that would prevent me/them from taking part in the physical activity:**

Signature:

(Parent/Guardian if under 18 years of age)

Print Name:

Date:

REVIEW

Event/Activity Title (eg Insight Cse Name/No'): _____

The PARQ must be reviewed with the participant on day of activity and appropriate action taken if there are any significant changes since originally signed.

Instructors Signature:

Print Name:

Date:

To be signed below by Supervising Officer:

Signature:

Print Name:

Date(day of activity):