



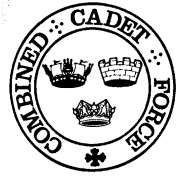
## CATERHAM SCHOOL COMBINED CADET FORCE

Harestone Valley Road, Caterham, Surrey CR3 6YA

Tel: 01883 335 061

Fax: 01883 347 795

Email: [ccf@caterhamschool.co.uk](mailto:ccf@caterhamschool.co.uk)



---

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

---

Parents/Guardians

Our reference: SPR/TRG WE/0211

Date: 26 January 2011

---

### **CONTINGENT TRAINING WEEKEND, 19 & 20 FEBRUARY 2011**

#### **General**

1. The above Training Weekend is a key part of the skills updating process for our cadets and NCOs. The activities will take place at Brunswick Training Camp, Pirbright, Surrey from Saturday 19 February 2011 to Sunday 20 February 2011.

#### **Aim**

2. The aim of the weekend is to train & test cadets on various parts of the training syllabus that they have been following. This will allow them to progress to the next phases of their training.

#### **Administration details**

3. Administrative details are as follows:

Cost:: £30

Parade: **0800 hrs on Saturday 19 February 2011 at Front of School**

Transport: Coach & School Minibus

Finish : **1600hrs on Sunday 20 February 2011 at Front of School**

Dress: Combats

#### **Parental Consent forms**

4. The attached Parental consent form is to be completed and returned to WO2 Byrne no later than Wednesday 16 February 2011.

## **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 on Wednesday 16 February 2011.

## **Queries / Emergency contact numbers**

7. The point of contact for all matters concerning this Training Weekend will be Wg Cdr Bage, who can be contacted via the above email address.

**Emergency contact number during the weekend will be: 07950 188 391.**

*{Original Signed}*

**K M BAGE**  
**Wg Cdr**  
**Contingent Commander**

Distribution:

All Cadets  
All Staff

## **EQUIPMENT/KIT LIST**

The following is a suggested kit list.

- All issued kit (combats & beret)
- Completed Record of Service (RoS) Book
- Notepaper and pencil
- Sleeping bag
- Knife, fork, spoon & mug
- Boot cleaning kit
- Torch
- Gloves
- Change of clothing
- Wash kit & towel
- Face wipes
- Water bottle & brillo pad
- Warm vest/t-shirt & spare underwear (incl. socks)
- Norwegian/Sweatshirt
- Mess tins
- Training shoes & Sports Kit
- Padlock (& spare key)



# 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 CONTINGENT CAMP** .....

Date(s) of Trip : From.....**19<sup>TH</sup> FEB 2011**.....To **20<sup>TH</sup> FEB 2011**.....

Trip Organiser .....**WG CDR K BAGE**.....

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](http://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*





# 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 CONTINGENT CAMP**.....

Date(s) of Trip : From...**19<sup>TH</sup> FEB 2011**.....To ...**20<sup>TH</sup> FEB 2011**.....

Trip Organiser .....**WG CDR BAGE**.....

Name of pupil .....Form .....

Pupil's date of birth .....day .....month .....year (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 .....Home .....

Mobile .....

**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](http://www.caterhamschool.co.uk)*