



CATERHAM SCHOOL

13 May 2010

To Parents and Guardians re Silver Duke of Edinburgh Expeditions

Dear Parents and Guardians,

Silver Practice Expedition 2 – 4 July, 2010

Silver Qualifying Expedition 16 – 18 October, 2010

Your daughter or son is going on Silver three day expeditions, as above.

Although the groups will be supervised by my colleagues and myself, the majority of the time pupils will be walking without an adult present. They will be accompanied overnight on the campsite by male and female members of staff. Should you need to contact the supervising staff in the event of an emergency please use one of the following School mobile phones - 07843 265534, 07525 907902 and 07525 907904. These may not be available at all times.

It will be necessary for your daughter or son to bring kit as per the kit list supplied. She or he will also need a personal First Aid kit, and some 10p and 20p coins for a telephone in the event of an emergency. Expeditioners are not permitted to use mobile telephones at any time on expeditions, including on campsites. If brought for emergency purposes or to 'check in' with staff in the event that a group is out of contact for more than 3 hours, they must be carried in a sealed and signed bag. iPods or other music players are not permitted. A packed lunch will be required for the first day.

The group should meet at the front of School at 8.30am on each start day. They will be transported from school. After each expedition, they should be available to leave school at approximately 6pm, providing the journeys go to time. They will be in contact to confirm the arrival time at the end of the expeditions. As you will realise, these times are approximate and it is not advisable to plan anything for the respective evenings.

A condition of you daughter or son participating in these expeditions is that their DofE record book has been completed for the three non-expedition sections and handed in to Mr Lander, as agreed, by Monday 7 June.

I would be grateful if you would complete the attached consent forms, covering both expeditions, and return them via your daughter or son by Monday 7 June. Should there be any changes to medical details prior to the October expedition, I would be grateful if you would inform us. If you need to contact me prior to the expedition, please do so by email or through the School Office.

Yours sincerely

Malcolm Bailey
Centre Leader, Duke of Edinburgh Award
malcolm.bailey@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 **Duke of Edinburgh's Award Silver Expeditions**
Date(s) of Trip **2 to 4 July 2010** and **16 to 18 October 2010**
Trip Organiser **M Bailey**

Name of Pupil.....

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 injectionDate of booster

Is your child receiving any current medical or surgical treatment?

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

Continued overleaf/...

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.

Name

Signed..... Date



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 **Duke of Edinburgh's Award Silver expeditions**
Date(s) of Trip **2 to 4 July 2010** and **16 to 18 October 2010**
Trip Organiser **M Bailey**

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:-

WorkHome

Mobile

Alternative Emergency contact name

Alternative Emergency contact address

.....

.....

Alternative Emergency contact Telephone numbers

WorkHome

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.

Continued overleaf/...

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