



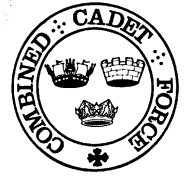
CATERHAM SCHOOL COMBINED CADET FORCE

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

Parents/Guardians

Our reference: FEBCAMP/0215

Date: 11 November 2014

EXERCISE WESTERN MOLE 2015

CONTINGENT ADVENTURE TRAINING CAMP 14 - 16 FEBRUARY 2015

General

1. The above training camp is a voluntary adventure training exercise open to all members of the Contingent. It will take the form of three days and two nights based in the Mendip Hills in Somerset.

Aim

2. The aim of the weekend is to offer the cadets a demanding and enjoyable programme of adventurous outdoor pursuits. The particular emphasis will be on dry and wet caving in the Mendips' famous cave systems, but activities will also include rock climbing, abseiling, mountain biking, navigation exercises and hill walking.

3. Some of these activities will be impracticable in very poor weather. In the event that inclement weather precludes certain training packages, other weather-independent packages will be substituted in. Evening entertainments will also be laid on.

Administrative details

4. Administrative details are as follows:

Cost: £130

Parade: **0800 hrs** on Saturday 14 February 2015 at CCF HQ

Dress: Civilian clothing

Food: A packed lunch should be brought for Saturday. All other meals will be provided.

Transport: Minibus

Dispersal: **2000 hrs** on Monday 16 February 2015 at CCF HQ

Accommodation

5. Cadets will be staying in indoor billets at the Cadet Training Centre at Yoxter Camp. They will need a sleeping bag.

Consent forms

6. The attached Parental Medical Consent Form is to be completed and returned to WO2 Byrne **via the CCF letterbox** as soon as possible.

7. The deadline for submission of paperwork will be **Wednesday 10 December 2014**.

8. Cadets are warned that for reasons of both accommodation and transport, our numbers are **strictly limited**. Places will be awarded on a first-come, first-served basis.

Further information

9. A full administration instruction will be issued at a later date, including a training programme, a kit list and other details.

10. In the meantime, the point of contact for all matters concerning this camp will be Lt Mathew Owen, who can be contacted at mathew.owen@caterhamschool.co.uk.

{Original Signed}

M M OWEN
Lt
Training Officer

Distribution:

All Cadets
All Staff



CATERHAM SCHOOL

PARENTAL AND MEDICAL CONSENT FOR A SCHOOL RESIDENTIAL TRIP (UK)

Please complete this form using BLOCK CAPITAL LETTERS

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

Trip Description.....**CCF February Adventure Training Camp 2015**

Dates of Trip: From ...**Sat 14 February 2015**..... To..... **Mon 16 February 2015**

Trip Organiser**Lt M M Owen**.....

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.....Fax.....

E mail address

Alternative Emergency contact name

Alternative Emergency contact address

Alternative Emergency Contact Telephone numbers

WorkHome

Mobile.....Fax.....

E mail address

MEDICAL DETAILS

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

.....

.....

Details of any medication being taken at present.....

.....

.....

Has your child been immunised against tetanus?

Date of last injection

NHS Number

Name and Address of General Practitioner

.....

Telephone number of GP

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

.....

.....

Medical Consent

I will inform the Trip Leader as soon as possible of any changes to 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 authorisation.

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 cannot take responsibility for any pre-existing ailment about which the School was not informed.

Name

Signed..... Date

Parent/Guardian Consent

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. The school will take all steps to ensure the safety of your child. However, you should be aware that certain inherent risks remain, which are integral to the activity and which cannot be eliminated completely. The school is therefore informing the students and their parents that there are elements to this trip where the risk management may be beyond the school's control, despite our best practices.

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 (a copy can be obtained from the Estates Bursar).

I understand that the School reserves the right to withdraw a pupil from any trip.

If for any reason a pupil leaves Caterham School then they will not be able to be a member of the party. In this instance the deposit would be refunded.

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