

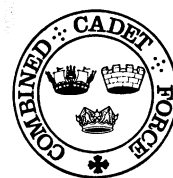
CATERHAM SCHOOL COMBINED CADET FORCE

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: RD/071214

Date: 21 November 2014

CONTINGENT RANGE & OBSTACLE COURSE DAY, LYDD RANGES

SUNDAY 07 DECEMBER 2014

General

1. This training day is open to all cadets of the Unit in the Fourth Year and above who have passed their L98 A2 Weapon Handling Test (WHT). If in doubt please ask. The day will include marksmanship training, a full-bore classification shoot and a military obstacle course.

Aim

2. The aim of this range day is to offer cadets experience and training in weapon handling and the principles of marksmanship. Cadets will also have the opportunity to earn marksmanship classification badges.

Administrative details

3. Administrative details are as follows:

Cost: Nil

Parade: **0800 hrs** on Sunday 07 December 2014 at CCF HQ

Dress: Combats (with smock and cold/wet weather gear)

Food: A packed lunch should be brought, as well as a full water bottle and snacks as required.

Transport: Minibus

Dispersal: Approx. **1700 hrs** on Sunday 07 December 2014 at CCF HQ

Consent forms (x2)

4. The attached Parental Consent Form and PARQ are to be completed and returned to WO2 Byrne **via the CCF letterbox** as soon as possible.

5. The deadline for submission of paperwork will be **Tuesday 02 December 2014**.

Further information

6. Please note that while all events are organised and managed by the Contingent staff, there will be occasions when the direct supervision will be provided by the senior cadets of the Unit. Consequently the highest standards of behaviour are expected at all times.

7. The point of contact for all matters concerning this training day will be Wg Cdr Bage, who can be contacted via the above email address. **Emergency contact number during the Sunday will be 07582 541 988.**

{Original Signed}

K M BAGE
Wg Cdr
Contingent Commander

Distribution:

All Cadets (Fourth Year to Upper Sixth)
All Staff



CATERHAM SCHOOL

PARENTAL CONSENT FOR A SCHOOL DAY TRIP (UK)

Trip Description.....**CCF Range / Obstacle Course Day**

Date.....**Sunday 07 December 2014**

Trip Organiser **Wg Cdr K M Bage**

I accept the School's offer to take my son or daughter on the above journey, and agree to their taking part in all activities described in the 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.

Name of studentForm.....

I agree to authorise any member of staff during the course of the trip to approve such medical treatment for my son or daughter as is deemed necessary in any emergency or upon the advice of a qualified medical practitioner. Any medical condition from which my son or daughter is suffering to my knowledge, or specific dietary requirement, is described in a separate letter attached to this form, which also sets out any special medical requirements (such as drugs or other treatment) which may be required. The letter should both authorise staff to administer medicines and state appropriate dosage and frequency.

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

Medical Condition/Dietary Requirement Letter attached: YES / NO

Signed
(Parent/Guardian)

Print Name

Date

Emergency contact number

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*

**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: _____ **Print Name:** _____
(Parent/Guardian if under 18 years of age)

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): _____