



THE KING'S SCHOOL
CHESTER

FROM THE CONTINGENT COMMANDER
KING'S SCHOOL CCF
MAJ M LEE

Dear Parents,

Your child has expressed an interest in attending this year's Easter Camp, 'Easter Assault', to be held at Nesscliff Training Area. The camp will take place from around 1400 on Friday 30 March to around 1330 Mon 2 April 12 and will give your child the chance to put into practice the skills they have learned over their time in the CCF.

The camp is open to cadets of both sections Army and RAF, provided that they have passed their weapon handling test before we leave on 30 Mar 12. The cost to parents, providing full consent forms are received by 27 February, will be £10. After this a £20 late booking charge will apply. Please also be aware that places are limited to 33 cadets.

If you wish your child to attend Easter Camp please complete the consent form below as soon as possible to secure your place. Full details of the training and further information, such as kit lists and timings will be sent after the February half term.

Yours,



INVESTOR IN PEOPLE

Tel: 01244 689554
School: 01244 689500
Fax: 01244 689501
E-mail: michaelllee@kingschester.co.uk

The King's School, Chester CH4 7QL

Registered Charity 525934

**PARENTAL CONSENT AND MEDICAL INFORMATION FOR
OVERNIGHT STAYS AND HAZARDOUS ACTIVITIES**

N.B. ALL SECTIONS SHOULD BE COMPLETED BY THE PARENT/GUARDIAN OR PUPIL IF OVER 18



THE KING'S SCHOOL
C H E S T E R

TRIP NAME: Exercise Easter Assault

1. Details of Journey

Journey/visit to: Nesscliff Training Camp

From: 30/03/12 1400 To: 2/04/2012 1330 (TIMINGS ARE APPROXIMATE)

Child's Name: _____ Address: _____

I agree that my son/daughter* may take part in the above mentioned visit and having read the information sheet, agree to their participation in any or all of the activities described.

2. Medical Information

Cross out the "YES" or "NO" which does NOT apply.

a) I (the above named pupil) suffer from any of the following conditions as indicated:

Asthma	YES/NO	Bronchitis	YES/NO
Chest Conditions	YES/NO	Diabetes	YES/NO
Epilepsy	YES/NO	Fainting Episodes	YES/NO
Heart Conditions	YES/NO	Migraine	YES/NO
Blood Pressure Problems	YES/NO	Hayfever	YES/NO

If "YES", please give full details: _____

b) I suffer from the following other conditions requiring medical treatment, including medication as indicated.
YES/NO

If "YES" please give details: _____

c) To the best of my knowledge, I have not been in contact with any contagious or infectious diseases, or suffered from anything recently, that may become infectious or contagious? **YES/NO**

d) Are you allergic to any medication, insect bites, food etc? **YES/NO**

e) Are you taking any form of medication on a regular basis? **YES/NO**

If "YES" to c), d) or e) please give details: _____

If taking medication please ensure that you have adequate supplies for the duration of the visit.

f) Have you received a tetanus injection in the last three years? **YES/NO**

g) Have you any special dietary requirements? **YES/NO**

If "YES", please give details: _____

h) Do you give your consent to administer "over the counter" medications in the event of your child being ill or injured? (e.g. Paracetamol, Diarrhoea treatments, Cough Linctus etc) **YES/NO**

3. Dietary Information

Do you have any special dietary needs **YES/NO**

If "YES" please give details: _____

4. Emergency Contacts (including family doctor)

a) My next of kin can be contacted by telephoning the following numbers:

Name: _____ Relation: _____

Work: _____ Home: _____

Mobile: _____

My home address is: (If different from that of pupil)

b) If my next of kin is not available, please contact:

Name: _____ Tel. No: _____

Address: _____

c) Name, address and telephone number of family doctor:

5. Declaration

I agree to my son/daughter* receiving medical treatment, including anaesthetic, blood transfusions, as considered necessary by the medical authorities present. In the event of an emergency I understand every effort will be made to contact me/us. I undertake to inform the party leader as soon as possible of any change in my son/daughter's* medical circumstances between the date on which I completed this form and the commencement of the visit.

I understand my child will not be directly supervised at all times, but that appropriate supervision and training where considered necessary will be provided for all organised activities.

The King's School is insured in respect of its legal liabilities and for personal accidents. From time to time, specialist insurance cover may be required depending on activities. In this instance you will be advised by the Party Leader.

Signed: _____ (Parent/guardian) Date: _____

THIS FORM, OR A COPY, MUST BE TAKEN BY THE LEADER ON THE ACTIVITY. A COPY SHOULD BE KEPT BY THE SCHOOL.

**Delete as applicable*