



The Army Section
THE KING'S SCHOOL COMBINED CADET FORCE
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THE KING'S SCHOOL
C H E S T E R

Date: 09 January 2012

Dear Parents

CCF EXTENDED PARADE FOR RECRUITS – FRIDAY 27 JANUARY 1600-2100

As part of the CCF programme for new cadets, typically those in year 8, we will be holding an extended parade at the King's School on Friday 27th January.

The evening will run from 1600 through to 2100 and will involve a range of activities including cooking and eating in the field, a small-scale exercise, navigation and drill training.

It is expected that all new cadets attend this event as it will lay the foundations for further training and as such is a crucial part of a their progression; we also hope it will be good fun!

There is no cost and an evening meal (boil in the bag!) is included. The slip below should be returned no later than 20th January.

Detailed instructions for the day will be published on weekly orders which will, as usual be distributed via email and on school notice boards; those attending should ensure they check these boards regularly. It is worth emphasising the need to wear sturdy footwear, warm clothing and to bring a mug and spoon.

If you have any questions do not hesitate to contact me or Miss Anglesea directly.

M S LEE
MAJOR
CONTINGENT COMMANDER

PARENTAL CONSENT AND MEDICAL INFORMATION FOR OVERNIGHT STAYS AND HAZARDOUS ACTIVITIES



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

TRIP NAME: EXERCISE FIRST STEPS

1. Details of Journey

Journey/visit to: Ex First Steps

From: 26/11/10 1600 To: 26/11/10 2100

Full 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. Swimming

Can you swim?

YES/NO

If "YES", comment upon your swimming ability: _____

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*