

Open Award Co-ordinators

C/o The Award Office  
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# Bronze

17<sup>th</sup> January 2012

## Bronze Day Walk – South Downs

Dear Parent/Guardian/Young Person,

I am writing to you regarding the Bronze day walk on Sunday 12<sup>th</sup> February 2012.

**Young people will need to meet leaders at Ditchling Beacon Car Park (Near Hassocks, West Sussex) at 09:45** and they will then undertake map and navigation work during a circular walk back to Ditchling Beacon Car Park.

**Young people will need to be collected from Ditchling Beacon Car Park at 3.30pm.** Young people will need to make their own way to and from the start and end of the day walk.

The aim of the day is to enable participants to undertake practical navigation practice with maps and participants will be accompanied by leaders throughout the training. Leaders are first aid qualified and fully experienced and qualified for his activity.

Young people will need to bring warm clothes, walking boots or sturdy footwear (eg. boots or wellington boots), waterproofs (these can be hired from the Resource Centre on 020 8689 7360), packed lunch, hat, scarf, gloves, personal medication and small first aid kit, plus packed lunch and water. Maps and compasses will be provided by leaders.

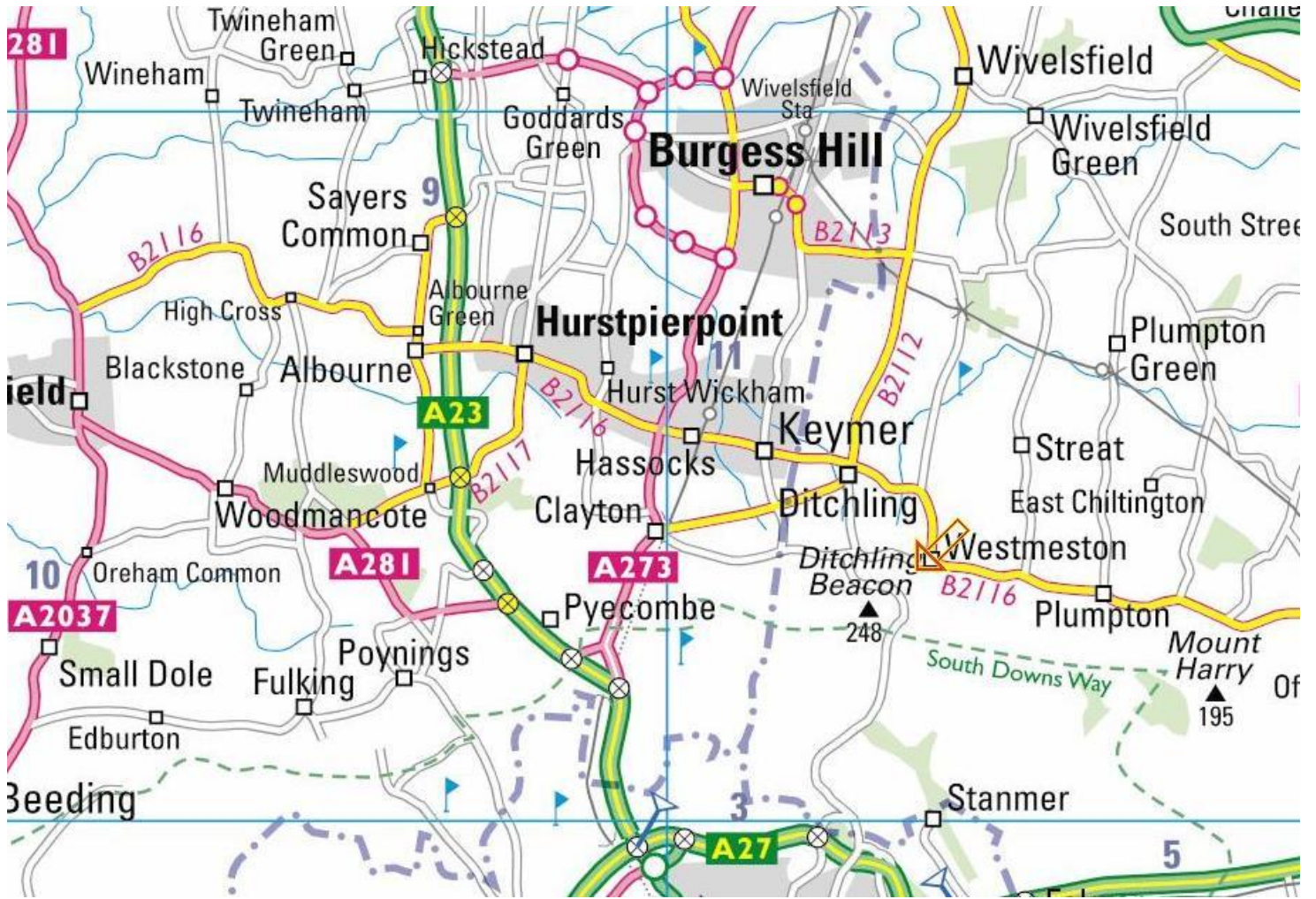
Please complete and return the attached consent form to me at the Open Award session on the 25<sup>th</sup> January. I regret we will not be able to enable participants to participate without this form.

Yours sincerely,

Jacquie Harcus  
DofE Manager  
On behalf of Croydon Open Award

Attached: Consent Form  
Map of Ditchling Beacon with directions

## Directions to Ditchling Beacon



From Croydon follow the M23/ A23 to the signs for A273, follow to Clayton and then take the B2112 toward Ditchling.

Before you get to Ditchling turn right (signposted Ditchling Beacon) once at the top of the hill (v. steep and a bit narrow) the car park is on your right.

Start time is 09:45hrs and we will return to the same car park at approx 15:30 hrs



CROYDON

D of E / Croydon Council Youth Service



### PARENTAL CONSENT AND MEDICAL INFORMATION FORM

**1. NAME OF CENTRE AND DETAILS OF VISIT (To be completed by Centre/Project Staff)**

Visit: **Bronze DofE Navigation Day Walk** Venue of trip: Ditchling Beacon, near Hassocks, West Sussex

Date: **12<sup>th</sup> February 2012**

Mode of Transport: **Own**

To be completed by Parent/Guardian

**2. GENERAL INFORMATION**

Young Persons Full Name:.....

Young Persons Date of Birth: .....Age:.....

Young person's address: .....

.....Young Person's Mobile Number.....

**3. MEDICAL INFORMATION**

Any known medical Conditions including physical, emotional, behavioural or psychological:

.....

Recent injections:.....

Date of last tetanus:.....

Contact with Contagious Diseases within the last 3 months:.....

Details of medication (dosage) being taken:.....

Details of any known allergies:.....

Special dietary needs:.....

Family doctors Name:.....Telephone number:.....

Family doctors Address:.....

**4. DISABILITIES**

Please advise of any disability that it would be appropriate for staff to be made aware of:

.....

a) My son/daughter can swim \_\_\_\_\_ metres

PLEASE RESPOND TO ANY ADDITIONAL INFORMATION REQUESTED BELOW

b).....

c).....

d).....

**6. Emergency Contact Number** – Please ensure all sections are complete and legible, phone numbers should be completed in full. It is important we are able to make contact with individuals listed.

Name:.....

Address:.....

Tel: Home:..... Work:.....

**If in the case of emergency for some reason I cannot be contacted, Please Contact:**

Name: .....

Address: .....

Tel: Home: ..... Work: .....

Relationship:.....

**7. DECLARATION**

I agree to my son/daughter taking part in the visit outlined in the letter dated

I agree that he/she is fit enough to take part in the activities listed and I am aware of the physical and emotional demands of a DofE expedition

I acknowledge the need for responsible behaviour on his/her part.

I undertake to inform the Youth Worker in Charge of the Centre/Project as soon as possible, of any change in the medical circumstances between the date signed and the commencement of the visit.

I agree to my son/daughter receiving medication as instructed by me.

I agree to such medical, surgical and dental treatment, including operations under general anaesthetics, as may be recommended by a registered medical or dental practitioner. I hereby authorise the Youth Worker leading the visit or any representative or other agent of theirs to sign any written form of consent required by the hospital or Medical Authority, particularly if delay is occasioned in obtaining my own signature is considered inadvisable by the doctor, surgeon or dentist concerned.

I understand that the participant is responsible for the safe custody of their personal belongings and effects and the organisers cannot be held responsible for replacing any such effects or equipment that are lost, damaged or stolen or for compensation of any kind.

Signed:.....(parent/guardian)

Date:.....