

7 March 2019

Dear Parents,

Bronze DofE Practice Expedition 18 – 19 May 2019

The Bronze DofE Practice expedition will run on Saturday 18 and Sunday 19 May 2019. Due to the large number of students taking part, students will be split into **two groups A and B** according to the walking groups arranged on the training day on 2 March 2019. The two expedition locations are in the Pewsey Vale and in the Lechlade area. Those **in expedition Group A will have their practice expedition in the Pewsey Vale**, and **Group B will be in the North Swindon/Lechlade**. For the Assessment Expedition on 22 - 23 June, the groups will be reversed. Students should know which group they are in but please send the DofE team an email if they are unsure.

Group	Drop-off location	Time	Overnight Camp site	Pick-up location	Time
Group A	West Woods Car Park Lockeridge. Nearest postcode SN8 4DY. Grid Ref I62 666 From Marlborough, take the A4 towards Avebury. 2 miles outside Marlborough turn left to Clatford. Straight over the crossroads, turn right to the car park after 1.5 miles marked with a Forestry Commission sign. then ¼ of a mile up the track.	Sat 18 May 10.00 am	Burbage Scout Hut SN8 3AN	Little Bedwyn (near SN8 3JP) All participants will finish in Little Bedwyn village, by the walk-over bridge in the dead-end road opposite the Harrow pub, Please do NOT park at the Harrow or drive into the drop off road.	Sun 19 May 15:00 pm
Group B	Bibury Lay-by. Nearest postcode GL7 5NT. Grid Ref I30 065 From Marlborough, take the A346 to Swindon then the A419/A417 to Cirencester. Turn off the A417 signposted to Cirencester/Stow/Burford/B4425 and at the roundabout follow the signs to Burford. Head through the village of Bibury. The road will bear to the left passing a telephone box. Bear right after this corner onto a smaller minor road (Brown sign to the New Inn at Coln). Continue along this road past Grove Farm and the large drop off layby is on your right, where BXM staff will meet students.	Sat 18 May 10.00 am	Far Peak Camping, Northleach GL54 3JL	Same location as drop-off (Bibury Lay-by)	Sun 19 May 15:00 pm

Where possible, we suggest you share lifts to and from the drop off/pick up points. Please check the lists for names of other students walking in the same location.

BXM Expeditions staff will meet the students at the start-point. Please do not wait with your child as this could cause traffic issues. Once you have handed over any medication to BXM, please say your goodbyes and leave. Students will not need any money during the expedition.

If your child requires medication or has a health care plan, it is essential that you supply your child with the appropriate in-date medication in a labelled waterproof bag.

Please ensure that the BXM Expeditions Medical Consent Form has been returned to St John's via the Financial Mailbox, by Friday 26 April. If the medical consent form has not been received, then your child will not be able to join the expedition. The form is attached and is also available on the BXM website: <http://www.bxmexpeditions.co.uk/consentform.doc>

Please check your ParentPay account to see if you have any outstanding payments to make. If you have not yet paid the full cost of the expedition, please pay any outstanding amount by Friday 26 April, by ParentPay or by cheque made out to St John's Marlborough. If payment has not been made, students will not be permitted to join the expedition.

It is important that you and your child visit the BXM website and view the food & kit lists and the videos on packing a rucksack etc. These can be found here: <http://www.bxmexpeditions.co.uk/kit.htm> Remember to use the DofE Discount card which students were given with their registration pack. This can be used in most outdoor equipment stores.

It is essential that students bring all kit as specified by BXM as well as food which students should plan beforehand with their group. The group should ensure they carry sufficient appropriate food and bottled water for the duration of the expedition. Water will be available at various points during the expedition for students to refill bottles.

If you need to contact BXM Expeditions during the expedition, the emergency contact numbers are 07585 224637 or 0800 433 2963.

If you have any questions about the expedition, please contact the DofE team: DofE@stjohns.excalibur.org.uk
After 4:00pm on Friday 17 May please contact Ben Maxfield from BXM Expeditions in the first instance. Contact details can be found here: <http://www.bxmexpeditions.co.uk/bxmcontact.htm>

Please note that whilst BXM Expeditions are in charge of this expedition, we expect that all participants will conduct themselves accordingly and in line with St John's school rules.

**Ms A Akeroyd
DofE Manager**



BXM EXPEDITIONS

MEDICAL CONSENT FORM
MUST HAVE PARENT CONSENT IF UNDER 18

Data Protection Act. *The information being collected on this form will only be used for the purpose of BXM Expeditions administration for the trip associated to this form and will not be used for any other purposes. The data will not be disclosed to any external sources other than in an emergency, or to the Local Education Authority, without your written consent.*

1. Expedition event: **St John's Marlborough Bronze 2019**

2. Expedition venue and date applying for

Practice 18-19 May 2019

Assessment 22-23 June 2019

3. Name of participant:eDofE number.....

4. Home Address:.....

.....

.....

5. Tel No:.....

6. Age on 11 March 2019..... Date of Birth:.....

7. Alternative Address & Tel No:

.....

.....

8. **Personal Information:** *Please give details requested below or personal information which might be relevant.*

(a) Has your child, to your knowledge, been in contact with any infectious illness in the last year?
YES / NO (*please circle*) If yes, give details:

.....
.....

(b) Does your child suffer from allergies, Diabetes, Migraine, Epilepsy, bad period pains or any other illness or disability?

YES / NO (*please circle*) If yes, give details:

.....
.....

(c) Is he/she allergic to anything (e.g. antibiotics, Elastoplasts, Aspirin or any such medicines, any particular food etc)?

YES / NO (*please circle*) If yes, give details:

.....
.....

(d) Is he/she actively sensitive to penicillin?

YES / NO (*please circle*) If yes give details:

.....
.....

(e) Is he/she receiving any medical treatment at present?

(Asthma and Hay fever treatment are the responsibility of the student and do not need to be included here)

YES / NO (*please circle*) If yes, give details of illness/disability and treatment:

.....
.....

(f) Date of last anti-tetanus injection:.....

(g) Does he/she have any special dietary needs (including any relating to religious beliefs?)

YES / NO (*please circle*) If yes give details:

.....
.....

(h) Doctor's Name & Address:

.....

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9. **Insurance:** Participants are covered by BXM Expeditions in the event of negligence by one of its employees or agents. Please be aware that personal belongings or personal injury through inappropriate behaviour is not covered.

10. **PARENTAL CONSENT:**

- (i) I agree to my son/daughter taking part in the above activities.
- (ii) I understand that the staff responsible for the expedition will take all reasonable care of participants.
- (iii) I consent to any emergency treatment necessary. I therefore authorise BXM Expeditions staff to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary. Provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Signature:.....Name:.....
(Please print your name alongside your signature)

11. I give permission for photographs of my son/daughter to be used for school purposes

YES / NO *(please circle)*

Please complete as required following from point 8. (e)

Student name..... Date/...../.....

Medication	1	Reason	for
medication:.....			
Name	of	medication:	
.....			
Route	of	medication:	
.....			
Side	effects	of	medication:
.....			

I the parent/carer understand that I must deliver the above medication to the instructor on the day of arrival and accept that this is a service which BXM Expeditions is not obliged to undertake.

I the parent/carer understand that I need to be available for a member staff at BXM Expeditions to be able to contact me in case of any emergency or for support/advice in relation to my child's medication and its management.

Signature:

Date:

Relationship to child:

Emergency contact number(s):

Medication	2	Reason	for
medication:.....			
...			
Name	of	medication:	
.....			
Route	of	medication:	
.....			
Side	effects	of	medication:
.....			
Dose:			
.....			
.....			
Frequency/time:			
.....			
.....			
Storage	instructions:		
.....			
.....			