



12 March 2019

Dear Parents,

### **Silver DofE Practice Expedition 16 – 19 April 2019**

The Silver DofE Practice expedition will run from Tuesday 16 April – Friday 19 April. The expedition will take place in the Chilterns.

Students need to be at St John's at 10.45am on Tuesday 16 April to register with the BXM Expeditions staff and will travel by coach, leaving at 11.00am. Students need to meet in the car park, as the building will be locked at this time. The coach is due to arrive in the Chilterns at 14:00pm. We suggest students bring a packed lunch and a drink for the journey. Students will not need to carry any money with them.

Campsite locations are:

- Night 1: Braidwood Scout Camp HP5 2UU
- Night 2: Hudnall Outdoor Centre HP4 1QN
- Night 3: Town Farm LU7 9EL

Students will be leaving the Chilterns at 15:00pm on Friday 19 April and are due to arrive back at St John's at 17:00pm

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 you and your child have visited the BXM website and viewed kit lists and videos on packing a rucksack etc. These can be found here: <http://www.bxmexpeditions.co.uk/kit.htm> 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 number is 0800 433 2963.**

Please ensure that the BXM Expeditions Medical Consent Form has been returned to St John's via the Financial Mailbox, by Friday 22 March. 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 22 March, 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.

If you have any questions about the expedition after the end of term (4:00pm on Friday 5 April) please contact Leigh Rose from BXM Expeditions in the first instance. Contact details are 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. If your child is not conducting themselves accordingly or becomes injured during the expedition you will be expected to collect them from the expedition location. BXM Expeditions will not tolerate bad behaviour or misconduct during this expedition.***

**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 Silver 2019**

2. Expedition venue and date applying for

**Practice 16 – 19 April 2019**

**Assessment 12 - 14 July 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:

.....

.....

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 .... / ..... / .....

<b>Medication</b> <u>1</u>	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): .....

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