



# Bush Craft Challenge courses

2021

## Hello!

Thank you for your interest in the Rugby School Enterprises Bush craft course.

Please find attached the relevant booking forms required to book your child(ren) on to one of our day courses.

## Drop off and collection

Your child(ren) will need to arrive outside Reception at Bilton Grange School for 9am.

The centre will be open and ready to accept students from 08.30am. Please use the Main Entrance on Dunchurch Road, the full address found at the bottom of this page.

Children will be ready for collection from 16.00 and must be collected no later than 16.30 from the same location.

If you are running late please contact our DBS cleared, bush craft trained course leader Jeff on **07962 348313** at your earliest convenience to let us know your situation.

## Kit

Please ensure that your child has everything on the list below before you drop them off

- Clothing that you don't mind getting muddy/ torn etc.
- Fleece or thick jumper
- Waterproof jacket
- Waterproof trousers
- Hat
- Gloves
- Wellingtons or waterproof boots
- Small rucksack to carry all their items in
- Healthy packed lunch\*
- Snacks for 2 break times\*
- Water bottle filled with squash
- Sun cream if good weather

\*Please note that we have a strict no nuts policy in place

## What are we going to do?

On arrival to Bilton Grange School, all students will be signed in and forms checked with parents. After an icebreaker activity and a kit check with the children, they will move over to the woods in Bilton Grange grounds for the remainder of the day. Once here the children will learn to make maps of the area, do some orienteering, make dens using things they can find in the woods, have a treasure hunt, make camp fires and (hopefully!) cook something simple on the fires before returning back to Bilton Grange Car Park to be collected at the end of the day.

***Should there be a need to cancel the course due to extreme circumstances i.e staff illness/ extreme weather, we will endeavour to contact you to inform you of cancellation at the earliest opportunity.***



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This booking form can be used from January 2021 for all bookings

## 1. Child's details *Please complete a separate form for each child*

First name:	Surname:	Date of birth:
Current school:	Male/Female	Age when course starts:
Course date booked:		

## 2. Parents' details *Please give details of parent/ guardian we should contact regarding these courses A minimum of 2 contacts must be given in case of emergency.*

### Parent/ Guardian 1

Forename and surname: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile Telephone number: \_\_\_\_\_

Work Telephone number: \_\_\_\_\_

### Parent/ Guardian 2

Forename and surname: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile Telephone number: \_\_\_\_\_

Work Telephone number: \_\_\_\_\_

Name of any additional people(s) that may collect or drop off your child: \_\_\_\_\_

## Photography *Consent*

During every course we take photographs and video footage of the activities which we then use for publicity purposes including any marketing material and our website. Do you give consent for your child to be photographed?

**YES / NO** (please circle)

**Please note if you do not show a preference we will assume it to be a yes**

## 3. General Data Protection Regulations (GDPR) *Important*

As part of the booking process you will be asked to provide personal data. For full information on data collected and its storage please contact us for details of our GDPR policy.



**I agree to the collection and storage of information as set out and required for my child's attendance.**



**4. Medical Details** *Please ensure all questions are answered in full*

- **Is your child allergic to anything?** E.g aspirin, antibiotics, any particular food or medicine?  
If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

- **Does your child suffer from any of the following conditions?**

<b>Asthma</b>	Yes/ No	<b>Travel sickness</b>	Yes/ No
<b>Chest Complaints</b>	Yes/ No	<b>Diabetes</b>	Yes/ No
<b>Hayfever</b>	Yes/ No	<b>Vertigo</b>	Yes/ No
<b>Migraine</b>	Yes/ No	<b>Coeliac disease</b>	Yes/ No
<b>Fits or Faints</b>	Yes/ No		

If yes to any of the above please give details including medication/ inhaler required for this activity.

\_\_\_\_\_

\_\_\_\_\_

- **Is your child having any medical treatment at present?** If so please give details

\_\_\_\_\_

\_\_\_\_\_

- **Date of anti – tetanus injection (if known)** \_\_\_\_\_

- **Does your child have any physical disability? Please give details of any special needs or attention required.**

\_\_\_\_\_

\_\_\_\_\_

- **Please give details of any special dietary/ food requirements:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **In the last few weeks, has your child had an infectious disease, diarrhoea or vomiting?**

If so, please give details

\_\_\_\_\_

\_\_\_\_\_

- **Are there any activities in which, for medical reasons, your child should not participate?**

If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

- **Please add any additional medical information, not covered above, about which staff should be aware of:**

\_\_\_\_\_

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\_\_\_\_\_



5. **Miscellaneous Information** *Please provide any additional information you feel may be important.*

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6. **Parent/ Guardian Consent**

I being the parent/legal guardian of the above mentioned child, give consent for the child to attend the above activity. I acknowledge the requirement for obedience and responsible behaviour on his/her part as shown overleaf.

I understand that there can be no absolute guarantee of safety, but appreciate that the bush trial course staff will do everything that is reasonably practicable to ensure the safety of everyone on the visit.

If my son/ daughter is required to leave the activity for a significant transgression of the rules or for endangering him/ herself and or other, I understand that I am liable for all costs.

I will inform the group leader as soon as possible of any changes in medical or other circumstances between now and the commencement of the activity.

I agree to my son/ daughter receiving medication as instructed by the first aid trained course leader and any emergency dental, medical and surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed

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Print name

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Date

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