

THE BOYS' BRIGADE - NORTH WEST KENT BATTALION

D.E.A. EXPEDITION COMMITTEE.

Tel: Medway 719205

33, Ladywood Road,
Cuxton,
Rochester, Kent
ME2 1EW

7th January 1990

Dear

May I take this opportunity to remind you that the dates for the Expedition Training Weekends are as follows:-

Silver & Gold level Training weekend -
Bronze level Training weekend -

17-18 Feb 1990
10-11 Mar 1990

Snowdonia Expedition, GOLD LEVEL -
Snowdonia Expedition, SILVER LEVEL -

Wed 11 April - Sun 15 April 1990
Thurs 12 April - Sun 15 April 1990

South Downs Expedition, BRONZE LEVEL - 5-6 May 1990

Please note the extra day for Gold Level, this is because the Award Panel feel that Gold Expeditions must have four full days for their expedition.

The Training weekends will be held at Snodland School & Youth Wing, Snodland, Kent (Map ref: 700611). Reception will be from 07-45 hours to 08-00 on the Saturday and departure will be at 17-00 hours on the Sunday.

The enclosed application forms **MUST** be returned, properly completed, to me **NO LATER THAN FRIDAY 26TH JANUARY 1990**, and be accompanied by the remittance of £4.00 per head. Cheques and postal orders should be made payable to N.W. KENT BB. D.E.A. EXPEDITION.

Will you please note that to be eligible for these Training Weekends the boy/girl **MUST** have attended the October/November training weekend.

It is important that all boys/girls should arrive promptly and bring with them their D.E.A. Record Book.

Could I remind Captains of the need to fill in a consent form for all entrants - a copy is enclosed. These **MUST** be brought by them to the Training Weekend. Failure to do so will mean they are unable to attend the weekend.

Yours sincerely



Robert A. C. Hardy

NAME

**THE BOYS' BRIGADE
NORTH WEST KENT BATTALION**

PARENTS CONSENT FORM

This form MUST be handed in at the training weekend.

PART 'A' - TO BE FILLED IN BY THE BOYS' BRIGADE

Activity or Event - D.E.A, EXPEDITION TRAINING WEEKEND

Venue - SNOODLAND SCHOOL & YOUTH WING Dates

Officers in charge - A.J.PRICE, R.A.C. HARDY, M.D.BAKER

PART 'B' - TO BE FILLED IN BY THE PARENT OR GUARDIAN

Full name of the Boy Age

PERMISSION I give my permission for him to attend and take part in the activities or events named in part 'A'.

AUTHORISATION In the event of illness or an accident, I authorise :

- (a) The above named Officer-in-charge to sign on my behalf any written form of consent required by medical authorities, if the delay required to obtain my own signature is considered unnecessary or inadvisable by the doctor or surgeon concerned;
- (b) An Officer of the Company to administer prescribed or non-prescribed medication.

MEDICAL DETAILS

Name and address of Boy's Doctor
Telephone Number of Doctor
National Health Service Number

Details of any infectious disease with which the Boy has been in contact within the last three weeks;

Details of medicine/diet/treatment which is being taken/ followed

Details of known allergies/sensitivities (eg penicillin)

He **has/has not** been immunised against tetanus within the last five years, (please delete as applicable)

ADDRESS OF PARENT/GUARDIAN DURING THE EVENT

Dates	Dates
Home address.....	Holiday address.....
.....
.....
Telephone (Day).....
Evening.....

Signed Date.....
Parent/Gaurdian