

Tunbridge Wells Girls' Grammar School Combined Cadet Force

UIN: TO319A

Southfield Road, Royal Tunbridge Wells, TN4 9UJ
Telephone: 01892 520 902
Email: ccf@twggs.kent.sch.uk



CCF Advanced "M.A.S.H" First Aid Sessions Fri 5th / Sat 6th October 2019 @ TWGGS



Tuesday 11th September 2018

Dear Parent / Guardian,

TWGGS CCF will be holding advanced First Aid sessions and scenarios at TWGGS on Friday 5th October (3pm – 5.30pm) and Saturday 6th October (9am – midday) in the Performing Arts Centre and school fields (weather permitting). The Friday session will consist of a number of advanced first aid techniques and the Saturday morning session will consist of a number of first aid scenarios which the cadets will deal with as a both a casualty and a responder. Cadet uniform is to be worn and smocks must be brought with them.

Sessions will be undertaken by myself and assisted by 2nd Lieutenant Pasca Gardiner and Mrs Lisa Grant.

Currently all cadets undergo a number of 5 week cycles of basic and intermediate signals, drill, weapons, first aid, navigation and fieldcraft. Even if your daughter has not undertaken a cycle of first aid training, she would benefit from attending. However those who haven't and are very keen are encouraged to purchase the St John Ambulance First Aid Manual 10th Edition Revised or read the 9th edition for free at <https://hs.carrs-silver.co.uk/firstaidmanual.pdf>.

No food will be provided or is required but cadets should bring water bottles. The cost is £5 per cadet and cadets have the option to attend one or both sessions. The cost stays the same if only one session is chosen.

If you have any queries about this event then please feel free to contact me on the details below or Major Reynolds, our commanding officer, at 1909reynol@armymail.mod.uk. If there are any financial concerns then these should be addressed, in complete confidence, to Major Reynolds.

Emergency contact number on the day is 07496 011762.

Yours sincerely

Captain Graham Naismith
07904 237471
0412naismi@armymail.mod.uk

CCF Advanced First Aid Day – Fri 5th – Sat 6th October 2018

Please complete in **UPPER CASE** and return to Major Reynolds
Use the reverse for any additional information

PERSONAL INFORMATION:			
First Name:		Surname:	
Date of Birth:		Age:	Section:
Rank:		Class:	
Address:			
		Postcode:	
Hm. Telephone:			
Next of Kin:		Relationship:	
NOK Tel:	Day:	Evening:	
GP Name:			
GP Address:			
GP Telephone:			

MEDICAL INFORMATION: (Strictly Confidential)			
Details of all ailments, current treatments & medication are required. All medication being taken at the time <i>must</i> be declared. Has your child had or ever had any of the following, please give details:			
Heart or circulatory ailments	Yes / No	Have you ever had chest pain from physical activity?	Yes / No
Heart attack	Yes / No	Can you swim 100m without assistance?	Yes / No
Angina	Yes / No	Can you tread water for two minutes?	Yes / No
High Blood Pressure	Yes / No	Are you a confident swimmer?	Yes / No
Heart Failure	Yes / No	Have you passed the Military Swim Test?	Yes / No
Respiratory ailments / disease	Yes / No	Do you ever feel short of breath?	Yes / No
Asthma	Yes / No	Have you ever had hospital admission for asthma?	Yes / No
COPD (emphysema)	Yes / No	Are you on oral steroids for your chest condition?	Yes / No
Epilepsy / seizures	Yes / No	Have you ever had episodes of fainting / collapse?	Yes / No
Diabetes	Yes / No	Tablet or insulin controlled?	Yes / No
Blood clot to Lung / leg (PE / DVT)	Yes / No	Dietary Requirements? (please circle or add specifics) Halal / Kosher / Gluten Intolerant / Vegetarian / Vegan / Other Any other dietary or additional medical information?	
Gastro-intestinal ailments(stomach)	Yes / No		
Stroke / Trans-ischemic Attack	Yes / No		
Joint / limb ailments	Yes / No		
Dermatology (skin) ailments	Yes / No		
Do you take blood thinning medication? e.g. aspirin/ warfarin	Yes / No		
Are you pregnant	Yes / No		
Hospital admissions in 6 months	Yes / No		
Had surgery in last 12 months	Yes / No		
Drug allergies	Yes / No		
Food / other Allergies	Yes / No	Name: _____ Dose: _____ Times a day: _____	
On ANY medication	Yes / No		

CONSENT:	
The following MUST be signed by a parent or legal guardian to ensure that a cadet undertaking authorised TWGGS CCF activities is covered by insurance: <i>(Score through if non-applicable)</i>	
<ul style="list-style-type: none"> I authorise a CFAV to sign consent forms on my behalf in the event of my child/ward requiring emergency hospital treatment, which may include anaesthetic and/or blood transfusion as considered necessary. I hereby give my consent for my child/ward named above to participate in organised activities The cadet named above will be attending on Friday 5th October <input checked="" type="checkbox"/> Saturday 6th October <input checked="" type="checkbox"/> I enclose a cheque made payable to TWGGS CCF for £5 <input checked="" type="checkbox"/> 	
Signature <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>
Name (BLOCKS) <input checked="" type="checkbox"/>	Relationship to Cadet <input checked="" type="checkbox"/>