

## KIT LIST

**This kit list contains items you need personally, as well as items your team need to bring between you. Some kit can be borrowed from the Green Park kit store, and some will be provided by us on the day.**

### KIT YOU CAN BORROW (Green Park Kit Store)

1. Rucksack – must be 65 litre+ capacity with adjustable back. *Limited supply available from the school, otherwise Green Park. Make sure you line the inside of the bag with a waterproof liner or bin bag to keep your kit dry.*
2. Sleeping bag (mummy style bags are usually warmer) and a liner.
3. Roll mat. Essential – please don't think you can do without it.
4. Walking boots, broken in. Thick walking socks to go with them. **Walking shoes do not give the ankle support needed, boots are better.** *Ordinary trainers don't have the grip and are not waterproof, so are no good.*
5. Waterproof jacket. *Crucial for your comfort and safety. Not a thin showerproof, but something that will keep you dry in a downpour.*
6. Waterproof leggings. *Quality ones if you want to be sure of being comfortable in a downpour, but cheap ones will be enough to keep you safe. PACK WATERPROOFS WHERE YOU CAN GET TO THEM EASILY.*
7. Tent – must have two separate layers, inner and outer. *You can borrow an expedition tent from Green Park, suitable for any level, or at Bronze or Silver buy a cheap one between your team – Halfords and Tesco have good cheap ones. Max weight approx 1.5kg per person.*

### KIT WE PROVIDE ON THE DAY

1. Trangia Stove, with pots and frying pans. *These are small compact stoves you'll use for all your cooking, and a DofE institution! You'll get two per team of 7.*
2. Fuel for Trangias. *We'll provide you with a self-sealing gas fuel bottle.*
3. Maps. *2 per team. Routes marked on in sharpie pen.*
4. Compass. *2 per team.*
5. Group First Aid Kit
6. Emergency Safety Cards
7. Group Emergency Mobile Phone.

## GROUP KIT

**At least one person in the team needs to bring these.**

Everything you need to cook your food. *E.g. wooden spoon, sharp knife, small containers of cooking oil, salt, pepper etc.*

Box of matches (*sealed in a dry container or bag*)

2 x scourers , 1 Tea towel

Washing up liquid (*in a small container*)

1 x Camera (*optional*)

1 x Pack of cards (*optional*)

## PERSONAL KIT

**This should all be put in waterproof bags or bin liners and stored inside your rucksack. Make sure you pack you own bag!**

### TO WEAR

T-shirt or shirt

Sweater (woollen or fleece)

Walking trousers (warm; NOT jeans)

### OTHER KIT TO CARRY

Any personal medication

Personal First Aid Kit (*plasters, antiseptic wipes, blister plasters etc.*)

Headtorch plus spare batteries

Water. *2 litres of it, in bottles that you refill and don't throw away. Best to label them. If you "don't drink water", start drinking water! You can bring the Robinson's super-concentrated squash bottles for flavour.*

Personal munchies

Warm hat and gloves (whatever the weather!)

Sun hat (whatever the weather!)

2 x Strong, large bin bags (to line your rucksack)

2 carrier bags

Knife, fork, spoon

Plate or bowl

Mug

Wash kit (small)

Towel (small)

2 x Pairs Walking socks

1 x complete change of clothes, top to bottom

1 x Pair of flip flops for camp (*optional*)

### + (Training Weekend Only)

A small day rucksack for your training walk on the Saturday. *Do still bring your big rucksack!*



## **OUTSPARK DOFE BRONZE OPEN AWARD EXPEDITION PROGRAMME - MEDICAL, DIETARY AND CONSENT FORM**

**PARTICIPANT'S NAME** \_\_\_\_\_

**PARTICIPANT'S DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_

This consent covers the whole DofE Bronze Expedition Programme. The Organisers of the programme are Outspark Ltd. I understand that alterations to the arrangements may be necessary.

I have explained to my child that he/she must obey the instructions of the Organisers.

The Organisers are not responsible for any loss or damage to my child's property.

I agree to pay for any damage caused by my child to the person or property of any other party. I indemnify the Organisers of the visit in respect of any reasonable expenses incurred due to any accident or illness of my child.

I have seen details of any insurance cover provided and understand I may take out extra cover of my own. I understand that the Organisers may use photos, audio or video footage including my child for training and publicity purposes, including social media, unless I have requested in writing that my child should be excluded from such.

The Organisers will act in loco parentis. This means that in the case of accident or illness, the Organisers may take medical decisions on my behalf.

My child is in good health and I consider him/her fit to participate in all activities.

I accept that expeditions carry inherent risks and that my child has to assume responsibility for his or her own safety.

My child will be part of a team. If the Organisers decide that his/her team have not demonstrated the standards required to progress to their qualifying expedition, or have not met the standards required on their qualifying expedition, the whole team may be deferred and required to undertake an additional expedition or further training. In this unlikely event, I will respect the Organisers' judgment.

I understand that during DofE expeditions, my child's team will often be remotely supervised. This means that, while the Organisers will have a plan in place to meet with the team to check point them, the team will often be self-sufficient and unaccompanied.

### **Declaration:**

**I have read and agree to all the statements above.**

**I have filled out the emergency contact details on the back of this form.**

**I have given information about any dietary needs and medical conditions on the back of this form.**

**I will update the organisers about any changes to the contact, medical or dietary information during the programme.**

**Signed** \_\_\_\_\_ **(Parent or guardian)**

**Date** \_\_\_\_\_

## MEDICAL INFORMATION

Please answer all questions. Please include any long-term conditions such as asthma or diabetes, even if they are currently well managed and cause you no problems.

Have you in the last 5 years had:

- YES/NO Asthma/shortness of breath  
YES/NO Diabetes  
YES/NO Epilepsy, convulsions, fits or blackouts  
YES/NO Any learning, psychological, social or other issue it might help your child for us to know about  
YES/NO Back problems  
YES/NO High blood pressure/ heart problems  
YES/NO Any other medical condition requiring a doctor's care
- YES/NO Are you currently undergoing any medical investigations or suffering from any currently undiagnosed symptoms?
- YES/NO Have you ever been admitted to hospital or suffered any major accident or illness?
- YES/NO Do you take any medicines regularly?

## ALLERGIES

- YES/NO Penicillin or any other antibiotic  
YES/NO Plaster/ elastoplast etc  
YES/NO Any immunizations / other drugs  
YES/NO Food (especially peanuts)

## DIETARY INFORMATION

Does your diet require you to avoid:

- YES/NO Beef  
YES/NO Pork  
YES/NO All meat  
YES/NO Anything else  
YES/NO Fish  
YES/NO Other? (Please give details)

If you have answered "YES" to any of these questions, please give details in the box. Continue on a separate sheet if necessary.

## EMERGENCY CONTACT DETAILS

Home Address

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Main Contact \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Landline \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

2nd Contact (Optional) \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Landline \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Participant Mobile (Optional) \_\_\_\_\_

Participant Email (Optional) \_\_\_\_\_

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS, PLEASE GIVE DETAILS

**MEDICAL INFORMATION**

Please answer all questions. Please include any long-term conditions such as asthma or diabetes, even if they are currently well managed and cause you no problems.

Have you in the last 5 years had:

YES/NO Asthma/shortness of breath

YES/NO Diabetes

YES/NO Epilepsy, convulsions, fits or blackouts

YES/NO Mental health problems or anxiety

YES/NO Back problems

YES/NO High blood pressure/ heart problems

YES/NO Any other medical condition requiring a doctor’s care

YES/NO Are you currently undergoing any medical investigations or suffering from any currently undiagnosed symptoms?

YES/NO Have you ever been admitted to hospital or suffered any major accident or illness?

YES/NO Do you take any medicines regularly?

**ALLERGIES**

YES/NO Aspirin

YES/NO Penicillin or any other antibiotic

YES/NO Plaster/ elastoplast etc

YES/NO Any immunizations / other drugs

YES/NO Food (especially peanuts)

**DIETARY INFORMATION**

Does your diet require you to avoid:

YES/NO Beef

YES/NO Pork

YES/NO All meat

YES/NO Anything else

YES/NO Fish

YES/NO Other? (Please give details)

If you have answered “YES” to any of these questions, please give details in the box. Continue on a separate sheet if necessary.

**EMERGENCY CONTACT DETAILS**

Home Address

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Main Contact \_\_\_\_\_

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Landline \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Participant Mobile (Optional) \_\_\_\_\_

Participant Email (Optional) \_\_\_\_\_

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS, PLEASE GIVE DETAILS

