

Lakeland Outdoor Centres - clothing and kit list

A week at Hinning House / Low Bank Ground will involve up to 8 different activities. While there is a drying room available, it is best to assume that each day could end up with a wet activity. There should be no need to buy new clothes especially for the trip – old clothes are perfect. Any specialist equipment, including waterproofs, wind proofs, walking boots and rucksacks, can be provided by the Centre.

- * **Footwear: Wellies (essential), trainers, old trainers, slippers**
- * **Toilet bag and appropriate contents.** Please do not bring aerosols (the smoke detectors are very sensitive and think that aerosols are smoke particles).
- * **Underwear.** It is best to have at least one set per day.
- * **Enough sets of clothing that will last the duration of the course**, which may well get wet and dirty. In the winter months it can be very cold so extra jumpers/fleeces are useful. Suitable clothing includes tracksuit bottoms, sweatshirts, tee shirts, thick socks (football socks are good) and fleeces. Please avoid jeans as they do not dry easily.
- * **Night clothes**
- * **Hat and gloves**
- * **Water bottle**
- * **Teddy bear**
- * **Stamps for post cards**
- * **Plastic bag to put wet clothes / wellies in for return journey.**
- * **Clothes to travel in**
- * **Sun hat / sun cream (summer)**
- * **Book/magazine**
- * **Money for tuck shop / souvenirs - £10 is more than enough**
- * **Any necessary medication**
- * **Swimming costume**
- * **Towel**
- * **Torch**

KEEP THIS PART

MEDICAL / PRE-COURSE INFORMATION FORM to be completed by ALL visitors

Name of school/group _____

RETURN TO COURSE LEADER

Name: _____ D.o.B. (under 18) _____

Male
Female

<input type="checkbox"/>
<input type="checkbox"/>

Address: _____

Emergency contact name _____

Emergency contact phone **home** _____ **work** _____ **mobile** _____

Name, address and telephone number of family doctor _____

Any relevant medical condition? (e.g. epilepsy, asthma, heart condition, physical disability, visual/ hearing impairment, any drugs being taken)

Are you happy for staff to administer appropriate pain/flu/cough relief eg. Paracetamol, Benylin, Calpol etc.

Yes No

If yes, are there specific medicines that should **NOT** be given? _____

Any dietary requirements other than standard - Vegetarian _____ Other _____

Date of last tetanus injection (if known) _____

Any other relevant information _____

If you do **not** want your child to appear on photos taken by Centre Staff during the visit, please tick this box

Signed _____

(Parent / Carer for under 18)