

MEDICAL - IN - CONFIDENCE
LONDON & SOUTH EAST REGION
AIR CADETS

Parental consent form and Certificate of health

ALERT FLAG

Your son/daughter/ward has been selected to attend the Air Cadet activity detailed below. Your consent is required for him/her to attend, without it he/she will not be able to participate. You should also be aware that a reasonable standard of fitness is required for all Air Cadet activities.

SQN No	<input type="text"/>	WING	<input type="text" value="SUSSEX"/>	FAMILY NAME	<input type="text"/>
RANK	<input type="text"/>	D of B	<input type="text"/>	FORENAMES	<input type="text"/>
SEX	<input type="text"/>	CONTACT NAME & ADDRESS			
CONTACT TELEPHONE NUMBER	<input type="text"/>				
RELIGION/SECT	<input type="text"/>				

DETAIL OF ACTIVITY

DATES	<input type="text"/>	LOCATION	<input type="text"/>
COST	<input type="text"/>	TYPE OF TRAINING	<input type="text"/>
ACTIVITY INFORMATION			
<input type="text"/>			

CERTIFICATE OF CONSENT

*Delete as appropriate

1. I know of no reason why my son/daughter/ward, should not take part in the activity outlined above. *
2. I have listed overleaf the reason which will restrict my son/daughter/ward's participation in some of the activities. *
3. I understand that any Cadet may be sent home or have their participation restricted at anytime, should it prove necessary.

Signature	<input type="text"/>	Name (IN BLOCK CAPS)	<input type="text"/>
Relationship	<input type="text"/>	Date.	<input type="text"/>

CERTIFICATE OF HEALTH

(TO BE COMPLETED IN ALL CASES)

ALERT FLAG

Old injuries or conditions

Special dietary needs (including allergies)

Current Medication, Ailments, Injuries Conditions.

Family or relevant Doctor's Name

Doctor's Telephone number

Doctor's Address

IF YOU ARE IN ANY DOUBT ABOUT A CONDITION, INJURY ETC, PLEASE TELL US (IN THE EVENT OF AN EMERGENCY APPOINTED MEDICAL STAFF WILL NEED TO KNOW). IF THERE IS INSUFFICIENT SPACE ON THIS FORM, CONTINUE ON A SEPARATE SHEET AND ATTACH IT TO THIS DOCUMENT.

CADETS NAME

(IN BLOCK CAPITALS)

1. I hereby certify that the information regarding my son/daughter/ward's health and fitness, is accurate at this time and, that I will inform his/her Commanding Officer of any change, or if he/she has any contact with any infectious diseases within three weeks of the start of the event.
2. I hereby authorise RAF/SERVICES/NHS medical or other authorised person to carry out such treatment and/or procedures as may be required in sudden need. (e.g.: Appendicitis)
3. I understand that a reasonable standard of fitness is required for any Air Cadet activity.

Signature

Name (IN BLOCK CAPS)

Relationship (Parent/Guardian)

Date