

ADULT STAFF ACTIVITIES CONSENT FORM

ACTIVITY:

LOCATION:

FROM:

TO:

Surname:		Forenames: (must be as in your passport for overseas camps)	
Rank:	Service Number:	ATC Sqn/Wing:	51 (Orton) Sqn CCF Unit:

NEXT OF KIN/PERSON TO CONTACT

Name:	Relationship:
Home Address:	Home Telephone No:
	Mobile Telephone No:
Post Code:	E-mail:
Contact address and telephone number during the period of training (if different from above):	
Post Code:	

I wish to take part in the activity as above

I certify that I am fit to participate in supervisory duties during the course and to take part in what may be strenuous pursuits. I will advise my Wing Administrative Officer if I have contact with any infectious diseases in the 3 weeks prior to the course.

The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to your attendance at the camp will be used/retained. Signing below indicates your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold about you.

Date:	Signed:
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THE CERTIFICATE OF HEALTH/DECLARATION OF FITNESS – CC FORM 3 (page 2), MUST BE COMPLETED FULLY AND ATTACHED TO THIS CONSENT FORM FOR THE SAFETY AND WELL BEING OF ALL ADULT STAFF. ALL USEFUL INFORMATION SHOULD BE ATTACHED IN ORDER FOR PRE-EXISTING CONDITIONS TO BE MANAGED APPROPRIATELY. IT IS VERY IMPORTANT THAT HONEST STATEMENTS ARE MADE, THIS WILL NOT NECESSARILY PREVENT STAFF TAKING PART IN ACTIVITIES BUT SPECIAL ALLOWANCES OR ARRANGEMENTS CANNOT BE MADE FOR CONDITIONS NOT DECLARED.

CADET AND STAFF ACTIVITIES CERTIFICATE OF HEALTH/DECLARATION OF FITNESS

Surname:	Forename(s):	D of B:
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Do you or have you ever suffered from any of the following? If yes tick the box and complete the questionnaire – CC FORM 4 (page 3) for each condition, attach separate information if appropriate.

Heart conditions		Asthma		Other chest conditions	
Fainting		Blackouts		Headaches	
Diabetes		Epilepsy		Ear or Sinus problems	
Muscular/skeletal problems		Problems with vision		Behavioural problems	
Any previous major injury		Any previous major illness		Any other condition/disability	

Please also complete the boxes below as fully as possible, attach a separate sheet if needed write NONE in the box if appropriate

List any medication being taken (other than the medication detailed on the questionnaire – CC FORM 4)	
List any known allergies	
Give details of any ongoing regular care required	
Give details of any special dietary needs	
Give details of any special religious needs	
Give details of any past condition/injury for which medication is not taken but which might be affected by the activity.	
NHS Number: Name of Doctor: Address: Postcode: Tel No	Declaration I understand that I should arrive at the activity sufficiently prepared and physically fit to take a full part in the activity. I have declared all medical matters that may affect my participation. I will inform the officer in charge of any additional medical matter that may occur after signing this form.

Signature of participant:

Date:

Signed:

(Person having parental responsibility for a cadet under 16 years of age)

CADET AND STAFF ACTIVITIES HEALTH QUESTIONNAIRE

This should be completed if any box on CC FORM 3 (page 2) has been ticked or other conditions eg allergies have been declared

Surname:	Forenames:	D of B:
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Condition being declared:

Medication being taken:	Name:
	Dosage:
	Storage requirements:

Do you carry/need any emergency medication?

If Yes give details:

How are you affected by the condition by normal routine activities:

How are you affected by the condition during strenuous exercise:

Have you sought advice from your doctor/nurse about your condition in relation to the activity Yes/No If
yes give details of comments/advice given below

Any additional information/comments which will help you manage your condition during the activity

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extreme temperatures and altitudes that may aggravate my condition. I confirm that I have consulted my doctor if there is any doubt regarding the suitability of the activity or my fitness/ability to take part in the activity. Should there be any change in my condition after signing this questionnaire I will inform the Officer in Charge of the activity or the OC Sqn/Wing HQs concerned prior to travelling to the activity.

Signature of participant:

Date:

Signed:

(Person having parental responsibility for a cadet under 16 years of age)