

## CADET ACTIVITIES CONSENT FORM

**To be completed fully and signed by the person having parental responsibility or personally by a cadet aged over 18 years**

**ACTIVITY:  
FROM:**

**LOCATION:  
TO:**

<b>Cadet's Surname:</b>		<b>Forenames: (must be as in your passport for overseas camps)</b>	
<b>Rank:</b>	<b>Male/Female:</b>	<b>ATC Sqn/Wing</b>	<b>51 (Orton) Sqn</b>
		<b>CCF Unit:</b>	
<b>Date of Birth:</b>		<b>Religion:</b>	
<b>Person having Parental Responsibility</b>		<b>Relationship:</b>	
<b>Home Address:</b>		<b>Home Telephone No:</b>	
		<b>Mobile Telephone No:</b>	
<b>Post Code:</b>		<b>E-mail:</b>	
<b>Contact address and telephone number during the period of training (if different from above):</b>			
<b>Post Code:</b>			

<b>Cadet Below the Age of 18:</b>	<b>Cadet Over the Age of 18:</b>
I give full consent to the above named cadet to attend the activity detailed above. I understand that he/she will be subject to Air Cadets care and discipline and must conform to appearance standards required. Permission is given to participate in all appropriate activities, I give permission to the Course Commander or his appointed representative to act as the person in loco parentis should he/she have to undergo medical treatment including any emergency operation to which I am unable physically to give consent.	I understand that I will be subject to Air Cadets care and discipline and must conform to appearance standards required. I wish to participate in all appropriate activities.
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 the cadet's attendance on the activity will be used or 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 on the cadet.	
Date _____ Signed _____	Date _____ Signed _____
Name in BLOCK Letters _____ (Person having Parental Responsibility)	Name in BLOCK Letters _____ (Cadet over the Age of 18)

**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 THE CADET. 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 THE CADET TAKING PART IN ACTIVITIES BUT SPECIAL ALLOWANCES OR ARRANGEMENTS CANNOT BE MADE FOR CONDITIONS NOT DECLARED.**

If you are in receipt of Income Support, Contribution-based Job Seekers Allowance or Family Credit you do not have to pay the food charge at Camps and Adventure Training Centres. If you wish to claim exemption please quote your National Insurance Number in the box provided and sign below.

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 Signed \_\_\_\_\_

**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	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Other chest conditions	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Ear or Sinus problems	<input type="checkbox"/>
Muscular/skeletal problems	<input type="checkbox"/>	Problems with vision	<input type="checkbox"/>	Behavioural problems	<input type="checkbox"/>
Any previous major injury	<input type="checkbox"/>	Any previous major illness	<input type="checkbox"/>	Any other condition/disability	<input type="checkbox"/>

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)