## ACTIVITY CONSENT FORM

## **Cadet Details**

Number	Rank		First name	
Surname	Contingent	KBA CCF	Section	

## Event details

Ser	Start date	End date	Event	Location	Event POC Details	Remarks	Consent given
1	1st July	7 <sup>th</sup> July	CCF Summer Camp	Altcar Trg Camp		Delivered by HQNW CTT	Yes / No

## Consent by Parent/Guardian

1. I wish for the above named cadet to be considered for acceptance on the event named on this form listed above.

2. I consent for the above named cadet to be allowed to take part in the activities listed in the APC Syllabus.

3. I understand that acceptance for the activities will be subject to the complete discretion of the CCF Contingent Commander.

4. I understand that withholding essential medical information may prevent the cadet from attending unit activities and that there is no change to their condition with respect to dietary requirements/disabilities/medical issues/special educational needs since I last updated the Cadet Force on their details. (Please note whilst minor ailments can be dealt with anything that prevents them from taking part in the activities may require them to be collected and taken home).

5. I authorise the senior CFAV present to give permission for the above named cadet to receive emergency medical care (every effort will be made to contact you for your consent should the cadet need to receive any emergency dental, medical or surgical treatment (including anaesthetic) as considered necessary. However it may not always be possible.)

6. I understand that if my child is unable to carry on with activities then I may have to collect them from the activity, or provide verbal approval once contacted for them to travel home unescorted provided that the circumstances of their condition will allow for it and that this will not impinge on the safety and training of the other cadets on the activity.

7. I declare that Next of Kin details held by the cadet force are for myself or someone who will be contactable (and available in the event of an emergency) OR I enclose contact details for an emergency contact for a specific event because I am away/un-contactable.

Name	Relationship to Cadet
Signature	Date