

**NORTHUMBRIA ARMY CADET FORCE  
PARENTAL CONSENT AND MEDICAL INFORMATION**

*This form is to be completed in full by a parent or legal guardian of the applicant.*

**PART 1 - CADET DETAILS:**

Company:..... Detachment:.....

ID No:..... Full Name:.....

Age:..... Sex: \*Male / Female (*delete as appropriate*)

**PART 2 – APPLICATION TO ATTEND**

Training/Cadre/Course: .....

Dates: ..... Pick up Point and Time. ....

Cost to Parent £5.00 per day.

1. I wish my son/ daughter/ ward to attend the above cadre/course.
2. I understand that participation in cadre/course activities will be at the discretion of the County Commandant (ACF) and his medical advisor, through the qualified personnel in charge of the Cadre/Course, and is subject to any restrictions indicated at Part 4.
3. I give my consent for photographs of my son / daughter / ward to be published in ACF approved publications.

**PART 3 – NOK CONTACT DETAILS OVER THE CADRE/COURSE PERIOD**

3. Should it be necessary to speak to you or your nominated representative during this period, please enter below the contact details:

MR/MRS/MS/MISS/OTHER.....SURNAME:.....

FORENAME.....RELATIONSHIP.....

ADDRESS.....

CITY:..... POST CODE:.....

TELEPHONE~ DAY.....EVENING.....

MOBILE.....EMAIL.....

**IT IS IMPORTANT THAT THE ABOVE DETAIL IS WHERE WE CAN CONTACT YOU, OR A NOMINATED FAMILY MEMBER, IN THE EVENT OF AN EMERGENCY**

**PART 4 – PARENT’S/GUARDIAN’S CONSENT AND MEDICAL INFORMATION STATEMENT**

- ◆ I consent to my son/ daughter/ ward taking part in the activities listed below. I have deleted any activities which I DO NOT consent to them taking part in.

Water Activities	Adventurous Training (Normal/Wild Country)	Other Activities	Miscellaneous
*Swimming *Canoeing/Kayaking *Rafting *Watermanship *Sailing *Windsurfing	Abseiling Rock Climbing Mountain Biking Hill Walking Expeditions Potholing Caving	Assault/Obstacle Courses  Cross Country Running Orienteering Athletics Games & Sports/PT	Long Distance March Speed March Competition Shooting Overnight Camping Recreational Visits Flying in Service or public civil aircraft

- ◆ **I understand** that those activities marked with an asterisk (\*) may take place in the sea, in rivers, in still water and/or white water . I certify that he/she **can / can not** (*delete as applicable*) **swim and least 50 yards** wearing light clothing. (*all activities will be properly supervised by qualified instructors*).
- ◆ **I understand that acceptance for any form of training will be at the discretion of the Cadet Commandant (ACF), his medical advisors, or instructors before and during any period of training.**

**MEDICAL DETAILS**

My son / daughter / ward has the following ailment /condition /handicap/allergy (*if none, please enter NONE*)

.....

My son / daughter / ward uses the following medication on a regular basis: (*if none, please enter NONE*)

.....

**DIETARY INFORMATION OR FOOD ALLERGIES:**

My son / daughter / ward has the following dietary requirements or allergies (*EG. Vegetarian, no milk etc.if none, please enter NONE*)

.....

Name and Address of your family Doctor.....

Tel No:.....

**PARENT’S GUARDIAN’S DECLARATION**

- ◆ I declare that the statements and information given above are true and complete to the best of my knowledge.
- ◆ I give permission for the Medical/Nursing Officer or Commandant to approach the applicant’s doctor or hospital consultant for further information if treatment is necessary for any illness or injury during the course of ACF training, and consent to whatever urgent medical treatment is necessary in an emergency, including the administration of general anaesthetic when indicated. I will also ensure that sufficient supplies of any current medication needed will be available and I will provide details of any change in the applicant’s medical condition.

SIGNATURE:.....  
PARENT / GUARDIAN

DATE:.....