

CENTRAL AND EAST REGION – AIR TRAINING CORPS

PARENTS / GUARDIANS CONSENT FORM AND CERTIFICATE OF HEALTH FOR AIR TRAINING CORPS ADVENTURE TRAINING EXCERSISES

Cadets Surname Forename(s)
Rank Sqn / Unit (in full)
Religion (in full) Date of Birth
Name of Next Of Kin
Home Address
.....
Telephone Number
.....
Contact address during adventure training exercise
(if different from above)
.....
Telephone Number

I give my full consent for my son / daughter / Ward to attend adventure training exercises held under the auspices of the Air Training Corps.

I understand that adventure training is strenuous and that a reasonable standard of fitness is essential.

I also confirm that my son / daughter / Ward is not under any medication that may have an adverse effect on him / her whilst participating in physically demanding activities. Permission is also given for course & training photographs.

Signature of Parent / Guardian Date

IMPORTANT NOTE: Regardless of your son's / daughter's / Ward's medical condition, the health certificate and doctor's details as indicated below must be completed in full.

CERTIFICATE OF HEALTH

Questionnaire : Please tick all boxes and fill in details as necessary

1 / Is he / she taking any tablets / medicines ? YES NO
If Yes, Please give name and dosage :

2 / Does he / she have any known allergies ? YES NO
If Yes, to what ?

3 / Does he / she have any diet restrictions? YES NO
If Yes, to what ?

4 / Is he / she at present under the care of a hospital specialist ? YES NO
If Yes, please give details :

5 / Has he / she Visited their GP in the last year ? YES NO
If Yes, please give details :

6 / Do you consider your son / daughter / Ward fit to participate in strenuous adventure Training exercises ? YES NO

Name of Doctor
Address
.....
Tel. No.

I certify that I will inform his / her CO if he / she has contact with any infectious diseases in the 3 weeks prior to the excersise. I understand that the adult in charge, after due consultation with a doctor or a member of the medical profession, has the authority to return a cadet from the exercise should they consider it necessary.

Signature of Parent / Guardian Date