

MEDICAL - IN - CONFIDENCE  
**LONDON & SOUTH EAST REGION**  
**AIR CADETS**



Parental Consent Form and Certificate of Health

**Your son/daughter/ward has been selected to attend the Air Cadet activity detailed below. Your consent is required for him/her to attend, without it he/she will not be able to participate. You should also be aware that a reasonable standard of fitness is required for all Air Cadet activities.**

SQN No	<input type="text"/>	WING	<b>KENT</b>	FAMILY NAME	<input type="text"/>
RANK	<input type="text"/>	DOB	/ /	FORENAME	<input type="text"/>
GENDER	<input type="text"/>	CONTACT NAME AND ADDRESS			
CONTACT TELEPHONE NUMBER	<input type="text"/>				
RELIGION / SECT	<input type="text"/>				

<b>DETAILS OF ACTIVITY</b>	
DATES	LOCATION
<input type="text"/>	<input type="text"/>
COST	TYPE OF TRAINING
<input type="text"/>	<input type="text"/>
ACTIVITY INFORMATION	
<input style="width: 100%; height: 100%;" type="text"/>	

<b>CERTIFICATE OF CONSENT</b>			
* Delete as appropriate			
1.	I know of no reason why my son/daughter/ward should not take part in the activity outlined above.		
2.	I have listed overleaf the reasons which will restrict my son/daughter/ward's participation in some of the activities		
3.	I understand that any cadet may be sent home or have their participation restricted at any time should it prove necessary.		
Signature	<input type="text"/>	Name (IN BLOCK CAPITALS)	<input type="text"/>
Relationship	<input type="text"/>	Date	<input type="text"/>

**ALERT FLAG**

# CERTIFICATE OF HEALTH

(TO BE COMPLETED IN ALL CASES)

Old injuries or conditions

Special dietary needs (include allergies)

Current medication, ailments, injuries, conditions

Family or relevant doctor's name

Doctor's telephone number

Doctor's address

If you are in any doubt about a condition, injury, etc., please tell us. In the event of an emergency medical staff may need to know.

If there is insufficient space on this form continue on a separate sheet and attach it to this document.

CADET'S NAME

(IN BLOCK CAPITALS)

1. I hereby certify that the information regarding my son/daughter/ward's health and fitness is accurate at this time and that I will inform his/her Commanding Officer of any change, or if he/she has contact with any infectious diseases, within three weeks of the start of this activity.
2. I hereby authorise RAF/SERVICES/NHS medical or other authorised personnel to carry out such treatment and/or procedures as may be required in an emergency (e.g. Appendicitis).
3. I understand that a reasonable standard of fitness is required for this activity.

Note. The cadet may sign in his/her own right if over 18 years of age.

Signature

Name (in block capitals)

Relationship (Parent/Guardian)

Date