

**Activity Consent Form – Cadet**

<b>Activity</b>	<b>Location</b>	<b>Date From</b>	<b>Date To</b>
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<b>Rank</b>	<b>Surname</b>	<b>Forename(s)</b>	<b>Date of Birth</b>	<b>Gender</b>
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<b>ATC / CCF Unit</b>	<b>ATC Wing / CCF Area</b>	<b>Nationality</b>
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<b>Religion</b>	<b>Special Religious Needs</b>	<b>DBS/Disclosure Scotland/Access NI Clearance Number</b> (if cadet is over 18 before final day of activity)
<b>Dietary Requirements</b>		

<b>Next of Kin</b>	<b>Relationship</b>	<b>Alternative contact details during activity</b> (if different)	
<b>Home Address</b> (incl. Postcode)	<b>Home Telephone</b>		<b>Mobile Telephone</b>
	<b>Email</b>		

<b>Income Support / Job Seekers Allowance / Family Credit</b> If you are in receipt of income support, contribution-based job seekers allowance or family credit you do not have to pay food charge at RAF station camps and adventure training centres. <b>However for all other activities food charges will still apply.</b> If you wish to claim exemption please quote your national insurance number in the box provided to the right and sign below it.	<b>National Insurance Number</b> (see left) <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <b>Signature:</b> _____										

<b>NHS Number</b>	<b>Doctor's Surgery / Practice</b>
<b>Doctor's Name</b>	<b>Doctor's Address</b> (including Postcode)
<b>Doctor's Telephone Number</b>	

<b>Health Questionnaires</b> If you currently, or have ever, suffered from any of the conditions listed below you are to complete a TG Form 23 <b>for EACH condition</b> . Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above. <b>If travelling overseas a TG Form 23 is to be completed in respect of any ongoing conditions experienced in the preceding 12 months.</b>	<b>Number of TG Form 23s completed:</b>  <b>(one form for each condition)</b>
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<b>Data Protection Act</b> 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.
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<b>Declaration</b> I understand that I/my son/daughter/ward 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. The names given above are the cadet's legal names.	
<b>Cadet below 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.  <b>Name in BLOCK Letters</b> (parent / guardian): _____  <b>Signature:</b> _____ <b>Date:</b> ___ / ___ / ___	<b>Cadet age 18 or above</b> (at date of signature): 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.  <b>Name in BLOCK Letters</b> (cadet if aged 18 when signing): _____  <b>Signature:</b> _____ <b>Date:</b> ___ / ___ / ___

**Health Declaration Form**

<b>Surname</b>	<b>Forename(s)</b>	<b>Date of Birth</b>	<b>Gender</b>
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**This form is required if you currently, or have ever, suffered from any of the conditions listed below:**

Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above.

**A separate TG Form 23 is to be completed for each medical condition to be declared.**

**Condition Declared:**

**Medication(s)**

<b>Name</b>	<b>Dosage &amp; Frequency</b>	<b>Storage Requirements</b>

**How are you affected by the condition during normal routine activities:**

**How are you affected by the condition during strenuous activities:**

**Have you sought advice from a healthcare professional about your condition in relation to this activity?**

**If Yes, give details of advice given:**

**Additional information / comments regarding the management of your condition:**

**Declaration**

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extremes of temperature and altitudes that may aggravate my condition. I confirm that I have consulted a healthcare professional if there is any doubt regarding my 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 declaration, I will inform the office in charge of the activity prior to travelling to the activity.

**If travelling overseas:** I understand that I must give full details of any conditions for which I have been treated in the preceding twelve months of any overseas activities.

**Cadet below the age of 16:**

**Name in BLOCK Letters** (parent / guardian):

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Cadet age 16 or above** (at date of signature):

**Name in BLOCK Letters** (cadet if aged 16 when signing):

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_