

CUMBRIA ARMY CADET FORCE PARENTAL CONSENT AND MEDICAL FORM

For Completion by Detachment Commander before issue to parent

Detachment		Coy:	
Contact Telephone Number:			
Camp Location:		Dates	

CADET AND CONTACT DETAILS

For Completion by Parent, Guardian or Headmaster

Surname			
Forename(s)			
Home Address			
		Post Code	
Home Telephone Number(s)		Mobile:	
Age (At Camp)		Date of Birth	

EMERGENCY CONTACT DETAILS (During this period)

Next of Kin Name:		Relationship	
Address			
Telephone Number		Mob	

MEDICAL PRACTITIONER

Doctor			
Surgery Telephone Number			

SCHOOL

Name		Location	
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PLANNED ACTIVITIES

PLANNED ACTIVITIES	Activity X	Parental Consent Yes/No	REMARKS
Adventurous / Expedition Training – Normal country (1)			
Adventurous / Expedition Training – Moorland (2)			
Adventurous / Expedition Training – Wild country (3)			
Orienteering			
Cycling / Mountain Biking			
Rock Climbing / Climbing Wall / Abseiling			
Helicopter / Hovercraft Flight			
Assault / Obstacle Course			
Landing Craft / Assault Boat Activity			
Rafting / Watermanship / Wind Surfing			
Swimming / Coasteering			
Kayaking / Canoeing			
Athletics / Cross Country			
Archery			
Normal Sporting Activities			
Shooting Full bore / Small bore / Shot Gun			
Shooting / Shoot at human target forms in the DCCT			
Shooting of Blank ammunition			
Fieldcraft			
Command Tasks / Paintball Range			
Cadet in the Community/Public Shows Events			

NOTES:

- (1) **Normal Country** – lowland areas which are not out of the way or mountainous and less than 600 metres above sea level.
- (2) **Moorland** – Normal open, uncultivated, non mountainous or out of the way country enclosed by well defined geographical or man-made boundaries, which can be exited in a few hours to a refuge or road, and where movement on steep or rocky terrain, planned or unplanned, is not required.
- (3) **Wild Country** – Mountainous areas which are out of the way, technically challenging and exposed to harsh and unpredictable weather.

The following certificate **MUST** be completed in respect of those activities listed above which are marked with an (X)

My Son / Daughter / Ward / Pupil named above may take part in water based activities either in the sea, river or still water. And I certify that he / she Can / Cannot swim at least 50 meters in light clothing. (Delete as necessary)

MEDICAL CERTIFICATE

CONSENT OF PARENT / GUARDIAN / HEADMASTER

I wish my Son / Daughter / Ward / Pupil to be considered for acceptance for Cumbria ACF Camp, and, if accepted, to participate in any of the activities listed overleaf, which have not been deleted by me.

I understand that acceptance for Camp Training will be subject to the complete discretion of the Cadet Commandant, his Medical Staff and Instructors, before and during the training period.

I certify that to the best of my knowledge my Son/Daughter/Ward/Pupil is fit to attend, and is not suffering from an infectious disease and has not been in contact with any case of infectious disease during the previous three weeks.

If your Son / Daughter / Ward / Pupil suffers from any ailment, or medical condition that requires special care or attention, it would be of the greatest help to our medical staff and Adults if you could give details below.

Medical Condition (.....)

Medication / Treatment (.....)

Any other relevant information which would be of assistance below (.....)

NOTES:

1. The Ministry of Defence has a duty to ensure that cadets are not placed at risk because of a medical condition they may have which would require a level of supervision or care that is not available through the ACF. As such the ACF follows the following guidelines:

- a. **Young people with epilepsy or conditions rendering them prone to episodes of loss of consciousness** are not allowed to undertake such activities as orienteering and expeditions in wild country.
- b. **Young people with Diabetes** dependant on insulin treatment may not undertake activities involving irregular meals, certain overnight activities or periods of prolonged exertion.
- c. **Young people with Heart Conditions** are of such a variable nature that they must be judged individually by a cadet's medical practitioner.

2. Young people with asthma are subject to additional procedures and restrictions including the completion of a separate consent form and medical certificate.

3. Should any doubt exist on whether a cadet is fit to undertake the activities listed a doctor should be consulted before the certificate is signed.

INDEMNITY FORM

Any information that you divulge will be handled sensitively and will only be passed on to those who need to know as part of their responsibility for your child's care. If you prefer, you may return this form in a sealed envelope.

As a condition of taking the above named Cadet to Camp or Weekend Training Cumbria Army Cadet Force requires that this document must be completed by a Parent / Guardian/Headmaster.

I understand that because the MOD will not accept responsibility for any loss or damage to personal property and effects, it is my responsibility should any loss or damage occurs to the property and effects of my Son / Daughter / Ward / Pupil.

Is there any other relevant information which would be of assistance?

CONSENT OF PARENT OR GUARDIAN

I hereby grant to **The Commanding Officer, and his authorised representatives of Cumbria Army Cadet Force** power to act in Loco Parentis in respect of my Son/ Daughter/Ward/Pupil whose details are listed on the front page. In the event of any emergency requiring an operation or medical treatment, I consent to such treatment being carried out as may be necessary for the health of my Son/Daughter/Ward/Pupil in the event of not being able to contact the person nominated

SHOULD YOU NOT AGREE TO THIS, PLEASE DELETE

I hereby give permission for my Son / Daughter / Ward / Pupil to have photographic Pictures taken as part of normal ACF activities

If this Consent Form is not signed by the responsible adult, (Parent, Guardian or Headmaster) the Cadet will not be allowed on the transport for Activity / Camps.

Date Name..... Signature

Relationship.....