

CADET CONSENT FORM AND CERTIFICATE OF HEALTH

To be completed fully and signed by the person having parental responsibility or personally by a cadet over 18 years of age

Activity/Event FROM TO

Cadet's Surname:		Forenames:
Rank:	Male/Female	ATC Sqn:
Date of Birth:		Religion:
Next of Kin/ Person to Contact:		Relationship:
Home Address:		Telephone No:
Post Code:		
Contact address and telephone no during activity period (if different from above):		
Post Code:		

Cadet below the age of 18	Cadet over the age of 18
I give full consent to the above named cadet to attend the activity. I understand that he/she will be subject to Air Cadets care and discipline and must conform to appearance standards required, especially hair length. Permission is given to participate in full adventure training activities. I give permission to the Course Commander or his/her appointed representative to act as the person in loco parentis should he/she have to undergo medical treatment including any emergency operation to which I am unable physically to give consent.	I understand that I will be subject to RAF care and discipline and must conform to appearance standards required, especially hair length. I wish to participate in full adventure training activities.
The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Date 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 at the camp will be used/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 about the cadet.	
Date: _____ Signed: _____	Date: _____ Signed: _____
Name in BLOCK capitals (Person having parental responsibility)	Name in BLOCK capitals (Cadet over the age of 18)

REGARDLESS OF THE CADET'S MEDICAL CONDITION, YOU ARE REQUESTED TO COMPLETE FULLY (INCLUDING DOCTORS DETAILS) AND SIGN THE CERTIFICATE OF HEALTH OVERLEAF AND TO ATTACH ANY NECESSARY DOCUMENTATION TO EXPLAIN IN DETAIL A CONDITION FROM WHICH A CADET MAY SUFFER OR HAVE SUFFERED.



SURNAME:

FORENAMES

CERTIFICATE OF HEALTH AND DELARATION OF FITNESS

TO BE COMPLETED BY ALL CADETS AND ADULT STAFF

***Note:** If any of the following do not apply insert “**NONE**” in the box(es).

1. **Medication.** I take the following medication:

Medication	Medical Condition

2.

Medical condition/past injuries for which I do not take medication but may affect my performance during the activity/event.	Name, address and telephone number of the doctor I am registered with.

3. **Asthma.** All cadets and adults must answer the following question:

Do you suffer or have suffered from asthma? **YES/NO**

If **YES** then in addition to the declaration you are to complete the questionnaire overleaf.

4. **Declaration.** I understand that I should arrive on the activity well prepared, physically fit and sufficiently fit to undergo strenuous activity. I have declared all medical matters that may affect my participation in the course activities and I will inform the course commander of any additional medical matter that occurs after the date of signing this form.

Signed:

Date:

Countersigned:

(Person having responsibility for a cadet under 18 years of age only)



SURNAME:

FORENAMES

ASTHMATICS QUESTIONNAIRE AND DECLARATION – TO BE COMPLETED BY ALL CADETS AND ADULT STAFF WHO SUFFER, OR HAVE SUFFERED, FROM ASTHMA

* Delete as appropriate

1. **Questionnaire.** I confirm that I ***suffer/have suffered** from asthma and wish to declare the following information:

a. When was your last attack?

b. What preventative medication/inhalers do you use? (Include strength and frequency of dose):

c. What reliever medication/inhalers do you use? (Include strength and frequency of dose):

Indicate frequency of use during normal daily activities e.g. once a day, once a week etc:

Indicate frequency of use during routine exercise:

d. Have you ever required hospital admission for your asthma? ***YES/NO**. If **YES** give details of when:

e. Have you sought advice from your doctor or asthma nurse prior to completing the health declaration? ***YES/NO**. If **YES** what did your doctor or asthma nurse advise?

f. Any additional comments

Declaration. I fully understand that adventure training is a strenuous activity, which may be undertaken in extremely cold and additionally, at times, in “freezing fog” type atmosphere. Additionally I confirm that I have been advised that, if I am unsure about my fitness to take part in adventure training I should consult my Doctor or Asthma Nurse, before signing this certificate and declaration. Should my asthmatic condition change, requiring any amendment to the above questionnaire before arriving at activity/event, I undertake to advise the Course Commander, or if the change occurs during the activity/event.

Signed:

Date:

Countersigned:

(Person having responsibility for a cadet under 18 years of age only)

