

## Cadet Activities Consent & Health Form

Activity:

Location:

Date From:

To:

Rank	Surname	Male/Female	Date of Birth	Age in years and months	DBS/Disclosure Scotland/Access NI Clearance Number if cadet is over 18 by the last day of activity (ATC only)	
Forenames		ATC Wing/sqn		CCF Unit		Nationality
Religion		Details of any special religious needs				

Person Having Parental Responsibility	Relationship	Contact Address & Phone during period of activity if it is different from that to the left
		Postcode
		Tel No.
Home Address	Home Telephone	
	Mobile Tel	
	Email	
	Postcode	

<p><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.</p> <p><b>Name in BLOCK Letters</b> (person having parental responsibility)</p> <p>Signature _____ Date _____</p>	<p>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.</p>
<p><b>Cadet age 18 or above at time of signature:</b> 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.</p> <p><b>Name in BLOCK Letters</b> (Cadet over the age of 18 at time of signature)</p> <p>Signature _____ Date _____</p>	

<p>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. <u>However for all other activities food charges will still apply.</u> If you wish to claim exemption please quote your national insurance number in the box provided to the right and sign below it.</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p>Signature: _____</p>										

### Health Questions

Do you, or have you ever suffered from any of the following? If yes tick the box and complete and attach a separate **Form TG 23** for each condition.

Heart conditions	Asthma	Other chest conditions	
Fainting	Blackouts	Headaches	
Diabetes	Epilepsy	Ear or Sinus problems	
Muscular/skeletal problems	Problems with vision	Behavioural problems	
Any previous major injury	Any previous major illness	Any other condition/disability	

<p><b>Only if you are proceeding overseas,</b> Have you received treatment for any ongoing medical condition in the last 12 months? (If so please tick box and explain further on a Activities Health Declaration form, TG23 )</p> <p style="text-align: right;"><input type="checkbox"/></p>
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Write **NONE** in the following boxes if the question does not apply.

List any medication being taken	List any allergies
Give details of any ongoing regular care needed	Give details of any special dietary needs
Give details of any past condition/injury for which medication is not taken but which might be affected by the activity	

Cadet's NHS Number	<b>Declaration</b> I understand that I 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.  Signature _____ Date _____ (Participant, or person having parental responsibility if cadet under 18)
Doctor's Name	
Address	
Telephone No                      Postcode	