

ESSEX ARMY CADET FORCE: ATTENDANCE CONSENT FORM
 ***** *This form must be completed by a parent or guardian* *****

I consent to my son/daughter/ward (Full name):

Det: attending the event being held at:

over the period from (day / date): to:

Please complete and return this form to the Detachment before (date):

If your child has any special dietary requirements, please note them here (continue on reverse if necessary):

Are there any medical conditions we need to be aware of? (e.g. asthma/diabetes/fits/allergies etc.)
 (continue on reverse if necessary)

If your child is on any medication, please note below and indicate if he/she will have it with them:

NO / YES he/she WILL / WILL NOT have it with them. Please complete the following information because we will remove medication from cadets and allow them to administer their own dose under supervision.

Type of medication	Level of dosage	Frequency of dose	Reason for prescription
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

When did your child last have an anti-tetanus booster? Date:

I understand and acknowledge the following:

- attendance at training will be subject to the complete discretion of the Company Commander his Officers and Instructors.
- it is the responsibility of the parent /guardian to arrange to collect their son/daughter/ward should their son/daughter/ward wish to leave the training early.
- In the event that attendance/admission to hospital is required, I give full consent to allow the surgical and medical staff to undertake any procedure/operation considered essential to the cadet's well being
- I certify to the best of my knowledge, my son/daughter/ward is not suffering from an infectious disease and has not been in contact with any infectious case during the last four weeks.

Name: (Print):	Signature:
Relationship to cadet:	Date:

Please provide parent/guardian contact details for the period your son/daughter/ward is away:

Address:	
Telephone Home:	Mobile:

NOTE: ALL BOXES IN BOLD OUTLINE SHOULD BE COMPLETED BY THE PARENT/GUARDIAN