



St Peter's Church of England High School Combined Cadet Force

Consent Form and Certificate of Health for Attendance at a CCF
Weekend Activity

To be completed fully and signed by the person having parental responsibility (or by the Cadet if over 18)

Cadets - Please hand, together with payment

Surname -		Forenames -	
Date of Birth -	Male / Female -	Religion -	
Next of Kin / Person to Contact -		Address -	
Telephone No		Contact Telephone No (If different)	

Activity -	Date -	Cost -
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If your Son/Daughter suffers from any of the following problems please circle 'Yes' and give as much information as possible on the reverse of this form.

Chest and heart Conditions	Yes	No	Epilepsy	Yes	No
Blackouts Loss of Consciousness	Yes	No	Severe Headaches	Yes	No
Ear or Sinus Problems	Yes	No	Diabetes	Yes	No
Allergies (please List)					
Any other condition requiring regular prescribed medications (Please List)					
Regular prescribed medications (Please List)					
Special dietary requirements (including vegetarians)					

Details of Cadet's Doctor.	Name -	Telephone No -
Address -		

I give my full consent to the above named cadet to attend the above activity. I understand that He/she will be subject to CCF discipline and Care. Permission is given (unless stated at the back of this form) for he/she to participate in training activities including flying, swimming, climbing, abseiling and shooting both live and blank ammunition.

I give permission to the Contingent Commander or his appointed representative to act as the person having parental responsibility should he/she have to undergo medical treatment including any emergency operation to which I am unable physically to give consent

I include a Cheque/Cash for £ _____ to cover the cost of this activity

Name -	Signed -	Date -
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