Your child is invited to take part in the Ottawa Citizenship Trip which will take place from 16 March 2019, 07:00 AM to 17 March 2019, 20:00 PM in/at Ottawa, ON. See below for details and instructions.

To allow your child to take part, you will need to **complete the “Parental Consent”** slip below and **return it** to cadet squadron staff **no later than** 6 March 2019.

If you have any questions, don’t hesitate to contact squadron staff.

|  |  |
| --- | --- |
| **ACTIVITY DETAILS** | |
| Citizenship trip to Carp, ON and Ottawa, ON  Points of interest will include a tour of the Diefenbunker Museum, the Canadian War Museum, the Senate of Canada, Parliament Hill, and Rideau Hall Accommodations: Connaught Cadet Training Centre, 1 Lewis Gun Rd., Nepean ON Cost of the trip for Cadets is $50.00 each | |
| **DEPARTURE/START DETAILS** | |
| |  |  |  |  | | --- | --- | --- | --- | | **Date and time:** | 16 March 2019, 07:00 AM | **Location:** | DROP OFF AT Belleville Armouries | | |
| **RETURN/END DETAILS** | |
| |  |  |  |  | | --- | --- | --- | --- | | **Date and time:** | 17 March 2019, 20:00 PM | **Location:** | RETURNING TO Belleville Armouries | | |
| **SPECIAL INSTRUCTIONS** (IF ANY) | |
| Cadets MUST bring their Health Cards and any required medication Cadets will wear their uniforms with parkas for all tours Appropriate civilian attire may be worn on Saturday evening | |
| **EMERGENCY CONTACT INFORMATION DURING THE ACTIVITY** | |
| |  |  | | --- | --- | | **Name:** | CaPt Cynthia Russell | | |  |  | | --- | --- | | **Telephone No:** | 613-922-8580 | |
| (CUT HERE – KEEP THIS PART) | |

(CUT HERE – RETURN THIS PART)

**PARENTAL CONSENT**

I, the undersigned, hereby consent to my child (write his/her full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participating in Ottawa Citizenship Trip, from 16 March 2019, 07:00 AM to 17 March 2019, 20:00 PM, in/at Ottawa, ON. I understand and accept the requirements, conditions and risks associated with this activity.

I consent to having medical care provided to my child by licensed/qualified medical practitioners, but limited to minor care and essential emergency treatment directly related to an illness, injury or reaction sustained during the activity.

I acknowledge that I am required to inform the cadet squadron staff if there have been recent changes to my child’s health, including injuries, illnesses and medical conditions.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | Parent’s Name (Please Print) | | |  | | --- | |  | | Parent’s Signature | | |  | | --- | |  | | Date | |