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.

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| **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 HallAccommodations: Connaught Cadet Training Centre, 1 Lewis Gun Rd., Nepean ONCost of the trip for Cadets is $50.00 each |
| **DEPARTURE/START DETAILS** |
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| **Date and time:** | 16 March 2019, 07:00 AM | **Location:** | DROP OFF AT Belleville Armouries |

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| **RETURN/END DETAILS** |
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| **Date and time:** | 17 March 2019, 20:00 PM | **Location:** | RETURNING TO Belleville Armouries |

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| **SPECIAL INSTRUCTIONS** (IF ANY) |
| Cadets MUST bring their Health Cards and any required medicationCadets will wear their uniforms with parkas for all toursAppropriate civilian attire may be worn on Saturday evening |
| **EMERGENCY CONTACT INFORMATION DURING THE ACTIVITY** |
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| **Name:** | CaPt Cynthia Russell |

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| **Telephone No:** | 613-922-8580 |

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| (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.

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| Parent’s Name (Please Print) |

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| Parent’s Signature |

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| Date |

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