Your child is invited to take part in Enter event title which will take place from Enter date & time to Enter date & time in/at Enter location. 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** Enter a date.

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

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| --- |
| **ACTIVITY DETAILS** |
| Enter activity details |
| **DEPARTURE/START DETAILS** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Date and time:** | Enter date & time | **Location:** | Choose an item Enter location |

 |
| **RETURN/END DETAILS** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Date and time:** | Enter date & time | **Location:** | Choose an item Enter location |

 |
| **SPECIAL INSTRUCTIONS** (IF ANY) |
| Enter special instructions |
| **EMERGENCY CONTACT INFORMATION DURING THE ACTIVITY** |
|

|  |  |
| --- | --- |
| **Name:** | Enter name. |

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| --- | --- |
| **Telephone No:** | Enter phone number. |

 |
| (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 Enter event title, from Enter date & time to Enter date & time, in/at Enter location. 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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