Your child is invited to take part in (a/the) 608 March Break Trip 2015 which will take place from 16 March 2015 to 17 March 2015 in Toronto, 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 11 February 2015**.

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

|  |  |
| --- | --- |
| **ACTIVITY DETAILS** | |
| Cadets will visit The CN Tower, Royal Ontario Museum, Casa Loma, Toronto Zoo and Ontario Science Centre. Staying overnight at the Denison Armouries. Meals will be a combination of retaurants and ONroutes. | |
| **DEPARTURE DETAILS** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date and time:** | 16 March 2015 | 0800HRS | **Location:** | Belleville Armouries | | |
| **RETURN DETAILS** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date and time:** | 17 March 2015 | 1700HRS | **Location:** | Belleville Armouries | | |
| **SPECIAL INSTRUCTIONS** (IF ANY) | |
| Click here to enter text. | |
| **EMERGENCY CONTACT INFORMATION DURING THE ACTIVITY** | |
| |  |  | | --- | --- | | **Name:** | **Captain Justin Leadbeater** | | |  |  | | --- | --- | | **Telephone No:** | **613-827-2320** | |
| (CUT HERE) | |

(CUT HERE)

**PARENTAL CONSENT**

I, the undersigned, hereby consent to my child (write his/her full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participating in (a/the) **608 March Break Trip 2015**, from **16 March 2015** to **17 March 2015**, in **Toronto, 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 | | |  | | --- | |  | | Parent’s Signature | | |  | | --- | |  | | Date | |