

NAVY LEAGUE CADET CORPS OF CANADA

PARENTAL CONSENT FORM TO ATTEND NAVY LEAGUE ACTIVITIES

Name of Cadet: _____

Date of Birth: D/____ M/____ Y/____ Gender ____ Male ____ Female

Name of Activity: _____ Cost: _____

Location of Activity: _____ Date of Activity: _____

Name of Corps: ADMIRAL RAYNER Corps Number: #1

PARENTAL CONSENT

Experience has shown that in connection with Navy League events, there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Officer in Charge, or his Deputy to make arrangements for surgery or medical attention for my child/ward in the event of an emergency without the necessity of my prior approval. I understand that I will be notified by the Navy League Officer in Charge, by the quickest means possible, if this authority is exercised.

PERSONAL EMERGENCY NOTIFICATION

FIRST CONTACT

Name: _____ Relationship: _____

Home Address: _____ Phone No.: _____

Place of Employment: _____ Work No.: _____

SECOND CONTACT

Name: _____ Relationship: _____

Home Address: _____ Phone No.: _____

Place of Employment: _____ Work No.: _____

CADET ACTIVITY MEDICAL INFORMATION

Care Card No.: _____

Doctor's Name: _____ Phone No.: _____

Immunizations Up-to-date ____ YES ____ NO

Medic Alert Bracelet /Necklace ____ YES ____ NO

List Any Allergies: _____

List Allergy Medications: _____

PERMISSION TO ADMINISTER TYLENOL, IBUPROFEN, GRAVOL IF WARRANTED ____ YES ____ NO

List any other specific information or needs that would be helpful to the Officer in Charge or Medical Officer should there be an incident: _____

The undersigned hereby gives permission for my child/ward to attend and participate in the above activity.

PARENT SIGNATURE: _____ DATE: _____

PRINT NAME: _____