

NAVY LEAGUE OF CANADA
ACTIVITY CONSENT FORM
NLCC #1 Admiral Rayner

CADET INFORMATION

		☐ F ☐ M
Cadet Name	Birthdate (mm/dd/yyyy)	Gender (check one)
	☐ Yes ☐ No	☐ Yes ☐ No
Personal Health Number	Allergies	Medications

List Allergies: _____

List Medications: _____

List Dietary Restrictions/ Preferences: _____

EMERGENCY CONTACT

Name	Phone Number	Relationship
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PARENTAL CONSENT AND ACKNOWLEDEMENT

PERMISSION TO ADMINISTER TYLENOL, IBUPROFEN, GRAVOL (IF WARRANTED) ☐ Yes ☐ No

PERMISSION TO ASSIST WITH PRESCRIBED MEDICATIONS ☐ Yes ☐ No

Please provide medications in the original bottle with the name and instructions clearly legible.

I confirm that I am the parent or legal guardian of the child/ward named on this form and give permission for them to participate in the activity described herein.

I authorize the administration of any medications identified by me on this form and, in the event of illness or injury, consent to the Officer in Charge or their designate arranging for and authorizing any necessary medical treatment, including emergency medical care or surgery, if I cannot be reached in time to provide consent.

I acknowledge that suitable meal options will be provided based on the dietary information submitted for my child/ward. I understand that if my child/ward chooses not to eat the food provided, this does not mean that appropriate food options were unavailable. Due to allergy management, food safety, and cleanliness requirements, participants are not permitted to bring outside food to the activity except with prior approval from the Officer in Charge for a documented medical or dietary need.

I acknowledge that all fees associated with this activity must be paid in full by the stated due date. I understand that fees are ***non-refundable after the due date.***

By signing below, I confirm that I have read, understood, and agree to the terms outlined above.

Parent/Guardian Name	Signature	Date
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OFFICE USE ONLY	ACTIVITY:		
COST:	DUE DATE:		
Approved to Attend ☐ Yes ☐ No	Payment Rcvd ☐ Yes ☐ No		
Receipt Provided ☐ Yes ☐ No	☐ Cash	☐ Cheque	☐ Square ☐ ETransfer