

**177 BLACKPOOL AIRPORT SQN**

ANNEX B TO  
CHAPTER 1 TO  
ACP 17  
5<sup>TH</sup> EDITION

**PARENTS/GUARDIANS CONSENT FORM AND CERTIFICATE OF HEALTH FOR AIR TRAINING CORPS ADVENTURE TRAINING EXERCISES**

To be completed and signed by the person having parental responsibility or by the subject cadet if aged 18 or over.

<b>Cadets Surname:</b>	<b>Forenames:</b>
<b>Rank:</b>	<b>Squadron:</b> 177 Blackpool Airport
<b>Date of Birth:</b>	<b>Religion:</b>
<b>Next of Kin/ Person to Contact in the event of an emergency:</b>	<b>Relationship:</b>
<b>Home Address:</b>	<b>Telephone No:</b>
<b>Contact Address and Telephone number (if different from above).</b>	

I give my full consent to the above named to attend Adventure Training exercises held under the auspices of the Air Training Corps. I understand that adventure training is strenuous and that a reasonable standard of fitness is essential.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Person having parental responsibility or cadet if aged

18 or over

Name \_\_\_\_\_

Block Capitals

**Regardless of the cadet's medical condition you are requested to complete and sign the Certificate of Health overleaf.**

**CERTIFICATE OF HEALTH**

**Cadet's Surname** \_\_\_\_\_ **Forenames** \_\_\_\_\_

If the above named cadet suffers or has suffered from the following problems circle **YES** and add as much information as possible. If not circle **NO**.

**Asthma** YES / NO

If YES,

**Additional Parent/Guardian consent forms and a Medical Certificate, signed by the cadet's Doctor ,in accordance with ACP 17 (5<sup>th</sup> Edition) Annex G to Chapter 1 are attached.** YES / NO

**Other Chest and Heart conditions.** Other than mild chest infections a chest or heart condition may be significant; this includes any history of bronchitis or wheezing. YES / NO

**Epilepsy** YES / NO

**Any loss of Consciousness or Blackouts.** This includes any history of fainting episodes. YES / NO

**Ear or Sinus Problems** YES / NO

**Diabetes** YES / NO

**Severe Headaches** YES / NO

**Any Other Major Illness or Injury** YES / NO

**Any Condition Requiring Regular Prescribed Medication** YES / NO

**Any Condition Requiring Regular Care or Visits to Doctor or Hospital Specialist** YES / NO

**Any Other Disability** YES / NO

If YES please give details

**Is the Cadet taking any form of medication (Tablets, Medicine etc.)?** YES / NO

If YES please specify

**Does the Cadet have any known allergies?** YES / NO

If YES please specify

**Does the cadet have any Diet restrictions or special food needs?** YES / NO

If YES please specify

**When did the Cadet last receive an anti-Tetanus Injection?** Date ...../ NEVER

**Details of Cadet's Doctor**

**Name:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I certify that I will inform his/her Commanding Officer if he/she has contact with any infectious diseases in the three weeks prior to the exercise. I understand that if he/she suffers from asthma then he/she should not take part in adventurous training within three weeks of a cold and will inform his/her Officer Commanding accordingly.

I further understand that the adult in charge, after due consultation with a Doctor or other member of the medical profession, has the authority to return a cadet from the exercise should they consider it necessary.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Person having parental responsibility, or cadet if aged 18 or over