

Date:

If your child has any additional needs or you need to go in to greater detail, whether they are emotional, physical or behavioural then please ensure an up to date Care Plan is completed and handed into the Unit. Please see the Unit Admin Officer for assistance.

assistance.

**Medical Conditions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | **Medication** | **Dosage** | **Frequency** | **Carried on cadet at all times? State YES or NO** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other conditions/ Injuries or difficulties**

Contact Tele No

**SIGNATURE**

of Parent/ Guardian

**DATE**

**RANK**

**PRINT NAME**

**CO/OiC**

**Signature:**

Please sign below to give permission to take your child out of the unit during a Parade night or an extra activity date within a 5 mile radius of the unit.

The reason for this may be:

* Field Training
* Fun activities
* Sports night on a local grassed area or park
* Attend a local building/ church.
* Various other activities.

If you have any questions or concerns then please do not hesitate to contact the unit Commanding Officer.

Mobile Number

Home Telephone No (Inc area code)

D.O.B

Age

Rank

Forenames

Home Address:

Post Code:

**CADET**

**DETAILS**

Leicestershire

**UNIT** **AREA**

**Important**

* **This form must be completed for all cadets on a twelve monthly basis**
* ALL SIGNATURES ON THIS FORM MUST BE ORIGINAL
* THIS IS TO GIVE PERMISSION FOR YOUR CHILD TO PARTAKE IN GENERAL ACTIVITIES WITHIN A **FIVE** MILE RADIUS OF THEIR UNIT ON A PARADE NIGHT OR DURING EXTRA ACTIVITY DATES

Surname

**NCF AF 7**

April 2015

**NAVY CADET FORCE**

**CADET LOCAL AREA CONSENT FORM**