

PARENTAL CONSENT

Use this form to provide parental consent for a cadet to attend a designated VCC activity. Please include all relevant medical information. Use **BLOCK** capitals or type.

Activity Name			
Cadet's Surname		Activity Date	
Cadet's Forename		Cadet's VCC Number	
Cadet's Date of Birth		Cadet's Age <i>on activity date</i>	
Emergency Contact Name		Emergency Contact Telephone Number	
Medical Information <i>include any current medical treatment or condition, as well as any medication that will be taken during the activity and any special dietary requirements</i>			
<i>continue on reverse</i>			

I hereby confirm that:

- I give full consent for the above named cadet to attend the above stated activity and be placed in the care of the officer or cadet force adult volunteer leading the activity.
- The emergency contact, as per the information I have provided, will be available for the whole duration.
- The information I have provided previously to the VCC remains accurate to the best of my knowledge or I have provided updated information with this consent that should now be used instead.
- I will provide updated details should any changes occur between submitting this form and the start of the activity.
- I fully understand that some activities with the VCC are strenuous and may be undertaken in cold and/or a wet environment. I confirm that I have been advised that if I am unsure about my child's fitness to take part in any VCC activity I should consult their doctor (or other appropriate medical practitioner) before such an activity.
- To the best of my knowledge my child is in normal health and does not suffer from any illness or disability that would prevent them from taking part in VCC activities.
- In the event of an illness or accident requiring medical or hospital treatment, and any delay in obtaining my consent is considered inadvisable by the medical authorities, I authorise an appropriate and responsible VCC cadet force adult volunteer to sign any written form of consent required by the medical authorities on my behalf.
- If the medical authorities wish to contact my child's doctor or other regular practitioner I hereby give permission.
- I will make arrangements for my child to be collected or make their own way home promptly after the activity,

Parent/Guardian Signature		Date Signed	
Parent/Guardian Name		Relationship to Cadet	

Once completed, please return this form to the Administration Office as soon as possible and in any event before the deadline for applications for this activity as detailed on the Warning Order or activity instructions. This form is to be retained in the cadet's personal file as proof of parental consent.



VOLUNTEER CADET CORPS
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Please provide additional information as required below:

[Empty box for providing additional information]

The VCC will not take responsibility for any medical issues during the activity where lack of information from parents/guardians is a contributory cause. Parents/guardians must disclose all relevant information even if notified before. All information is treated confidentially but may be shared among relevant staff.