



CCF (RN/RM) Cadets: Parent or Guardian **MUST** complete the form for attendance on ANY CCF HQ (RN/RM) course  
CCF (RN/RM) CFAVs: **MUST** complete the form for attendance for ANY CCF HQ (RN/RM) course

**Cadet/CFAV Details**

Course Attending			
First Name		Surname	
Date of Birth		Service Number (CFAV)	
Doctors Name		Doctors Phone Number	
Doctor Address			

**Emergency Contact (NOK for Minors)**

First Name		Surname	
Relationship		Contact Number	
Address			

**Medical Questions**

<i>Please check answers to questions 1 to 6</i>		Yes	No
1	Any concerns about general health (been in contact with infectious illness in last month, eating and sleeping habits, weight, etc.)		
2	Any other specific illness or social/emotional or behavioural problems		
3	Any allergies (food, insects, medication, etc.)		
4	Any prescription medication (daily or occasionally)		
5	Any limitations that may prevent full participation in any activities – Dyslexia, knee problems, current injuries etc.		
6	<b>Cadet Only</b> - Does he/she suffer from any recurring problems e.g. Migraines, period pains, bed wetting etc. (Specify Problem)		
Please explain any "Yes" answers from above:			

**Cadet Only:** All medication must be handed to the First Aid/Medical Officer on arrival along with this form. All medication must be in its original packaging with dosage details and frequency of administration. Reliever inhalers must be retained by the cadet and a spare given to the First Aider

**These medicines will be available, if required. May they be used for your child?**

Medicine	Yes	No	Medicine	Yes	No
Paracetamol tablets/Soluble/Calpol			Sea Sickness tablets		
Throat lozenges			Ibuprofen		
Anti-histamine tablets			Cough Medicine		
Anti-histamine Cream			Decongestant		

**Emergency Permission:**

I authorise a CCF or Royal Navy/Royal Marine adult representative to give permission to the Doctor to undertake whatever treatment is considered necessary in the event the emergency contact or NOK cannot be contacted in an emergency:

Signature of Parent/Guardian		Date	
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**Taking Images**

During Camps and Courses, we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity for the CCF. You can be assured no full names will be used. The CCF are aware that certain individuals may not be able to have their photo taken due to personal circumstances. In the event of any images of my child/me being taken, I consent to them being used for this purpose. (Please circle): **Yes No**

**Consent for Cadet to attend CCF Course**

I hereby consent to my child's attendance on this CCF sponsored course (including the travel arrangements in place) and I will notify any changes to the above regarding NOK or my child's medical information prior to course attendance:

Signature of Parent/Guardian		Date	
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