

Parental Consent Form for Cadet Training/Recreational/Educational Trips

Dear Parent/Guardian,

A **Trip** is defined as an activity involving the transportation of cadets away from the location normally used for training. A **Recreational and Educational Trip** is an optional activity that is not required as part of the mandatory or complementary training programs. Absence from a Recreational/Educational Trip does not impact a cadet's progression. All cadet activities have been formally approved by DND.

The following activity is a: Training Trip Recreational/Educational Trip

Trip Name: Cadet Outdoor Activity **Date(s):** October 30th, 2021

Location: Camp Wright

Drop off time: Saturday, October 30th @ 0845hr (8:45 am)

Pick up time: Saturday, October 30th @ 1600hr (4:00 pm)

The purpose of this document is to formally advise you of the activity identified above and to obtain your consent to your son/daughter/ward's participation. Your signature at the end of this document will indicate that you have read and understand the scope of the activity and accept the conditions and risks involved with your son/daughter/ward's participation.

Trip Summary:

This trips primary goal for the weekend is to aid with building esprit de corps, team morale while building on leadership and instructional techniques.

Medical/Dental Care: Cadets participating in authorized cadet activities are covered by the DND for emergency medical and dental care. In emergencies involving serious injury/illness, adult supervisors will contact Emergency Medical Services (EMS) and provide first aid until EMS arrives. For minor injuries requiring immediate medical treatment, cadets will be transported to the nearest medical facility. For minor injuries requiring no immediate follow up care, qualified first aiders will provide treatment and the cadet will be instructed to seek follow up care upon their return home.

Medication: Adult supervisors will be carrying over the counter (OTC) medication for minor ailments such as headache, allergies, sore throat, etc. OTCs will only be administered as needed and only in accordance with package instructions. Please indicate below your signature any special instructions/restrictions on the distribution of OTC medication to your son/daughter/ward.

Supervision: Cadets will be supervised at all times

SEE NEXT PAGE FOR PARENTAL CONSENT SLIP

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Activity Name: Cadet Outdoor Activity

Date(s): October 30th, 2021

Cadet's Name (please print first and last name):

Parent/Guardian Name (please print): _____

Parent/Guardian Signature of Consent: _____

Comments/Special Instructions (as applicable):

Car Pooling Permission:

Cadet _____, will be picked up by _____.

Parent/Guardian Signature: _____.