ACF 13C (CADET) - CONSENT FORM AND CERTIFICATE OF HEALTH

To be completed and signed by the person having parental responsibility or personally by a cadet over 18 years of age.

<table>
<tr><td colspan="2">Cadet's Surname:</td><td>Forenames:</td></tr>
<tr><td>Rank:</td><td>Male/Female:</td><td>ATC Sqn/
CCF Unit:</td></tr>
<tr><td colspan="2">Date of Birth:</td><td>Religion:</td></tr>
<tr><td>Next of Kin/ Person to Contact:</td><td>Nat Health Service No:</td><td>Relationship:</td></tr>
<tr><td colspan="2">Home Address:

Post Code:</td><td>Telephone No:</td></tr>
<tr><td colspan="3">Contact address and telephone number during camp period (if different from above)

Post Code:</td></tr>
<tr><td colspan="3">Summer*/Easter*/Overseas Camp*/Other Activity* (please specify)____________
Dates: * Please indicate camp or activity</td></tr>
</table>

<table>
<tr><td>Cadet Below the Age of 18</td><td>Cadet Over the Age of 18</td></tr>
<tr><td>I give full consent to the above named cadet to attend the camp or activity indicated above. I understand that he/she will be subject to RAF care and discipline and must conform to appearance standards required, especially hair length. Permission is given to participate in full training activities, including flying, swimming, shooting, using live ammunition, subject to medical conditions*. I give permission to the Camp Commandant or his appointed representative to act as the person in loco parentis should he/she have to undergo medical treatment including any emergency operation to which I am unable physically to give consent.</td><td>I understand that I will be subject to RAF care and discipline, during the camp or activity indicated above, and must conform to appearance standards required, especially hair length. I wish to participate in full training activities, including flying, swimming, shooting using live ammunition, subject to medical condition*</td></tr>
<tr><td colspan="2">The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data Protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to the cadet's attendance at the camp will be retained. Signing below indicates your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold on the cadet.</td></tr>
<tr><td>Date ________ Signed ________</td><td>Date ________ Signed ________</td></tr>
<tr><td>Name in BLOCK
Capitals ________
(Person having Parental Responsibility)</td><td>Name in BLOCK
Capitals ________
(Cadet over the Age of 18)</td></tr>
</table>

* If there is any doubt, a report from the cadet's doctor is required for consideration by the RAF medical authorities before a certificate to fly can be authorised.

REGARDLESS OF THE CADET'S MEDICAL CONDITION YOU ARE REQUESTED TO COMPLETE FULLY AND SIGN THE CERTIFICATE OF HEALTH ON PAGE 4-D-13 AND TO ATTACH ANY NECESARY DOCUMENTATION TO EXPLAIN IN DETAIL A CONDITION FROM WHICH A CADET MAY SUFFER OR HAVE SUFFERED

If you are in receipt of Income Support, Contribution-based Job Seekers Allowance or Family Credit you do not have to pay the food charge at Annual Camp. If you wish to claim exemption, please quote your Benefit Number in the box provided and sign below.

Signed: ____________________

AL 3

CERTIFICATE OF HEALTH

If the cadet suffers or has suffered from any of the following problems circle "YES" and add as much information as possible (you may attach the information in a separate envelope if you so wish but this form must be completed and signed). If none, circle "NO".

Chest and Heart Conditions. Other than mild chest infections, a chest or heart condition may be significant: this includes any history of asthma, bronchitis or wheezing **Note: Asthma sufferers are to complete Asthmatic Medical and Consent Forms (ACP 237 Chap 4 Annex E) available from Wg HQ.**	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, Doctor or Hospital Specialist:	YES	NO
Any Other Disability: (if YES give details)	YES	NO
Is the Cadet Taking Tablets or Medicines? (if YES, specify)	YES	NO
Does the Cadet have any known Allergies? (if YES, specify)	YES	NO
Does the Cadet have any Diet Restrictions or Special Food needs? (if YES, specify)	YES	NO

DETAILS OF CADET'S DOCTOR

NAME: ______________________

ADDRESS: ______________________

____

POST CODE: ____________ TELEPHONE No: ____________

DATE: ____________ SIGNED: ____________

NAME IN BLOCK CAPITALS: ______________________
(Person having parental responsibility) (or cadet if aged 18 years or over)

AL 3