

RESTRICTED – MEDICAL (when completed)

NORTH REGION AIR TRAINING CORPS

CADETS PERSONAL DETAILS, MEDICAL CONSENT FORM AND CERTIFICATE OF HEALTH FOR SPORT

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

| | | | |
|--|--------------|-------------------------------------|--------------|
| Surname | | Forenames | |
| Rank | Male/Female* | ATC Sqn (Number & Name) | |
| Date of Birth | / / | Wing | |
| Home address | | Cadet's Home Tel No | |
| | | Cadet's Mobile Tel No | |
| | | Cadet's E- Mail address @ | |
| Post Code | | | |
| Person to contact in the case of an emergency | | | Relationship |
| Contact address during event (if different from above) | | Emergency Contact Numbers | |
| | | 1. | |
| | | 2. | |
| NHS Number (if known) | | Nearest Main Railway Station | |

I wish to take part in the following Wing or Inter Wing Event, any trials for the selection of the Wing or Regional Team and to represent the Region at the Inter Region event, if so selected. **(Tick sport)**

| | | | | | | | | | |
|-----------|--------------------------|---------------|--------------------------|-------------------|--------------------------|--------------|--------------------------|------------|--------------------------|
| Swimming | <input type="checkbox"/> | Cross Country | <input type="checkbox"/> | 5-a-side Football | <input type="checkbox"/> | Athletics | <input type="checkbox"/> | Volleyball | <input type="checkbox"/> |
| Jnr Rugby | <input type="checkbox"/> | Jnr Hockey | <input type="checkbox"/> | Jnr Football | <input type="checkbox"/> | Jnr Netball | <input type="checkbox"/> | | <input type="checkbox"/> |
| Snr Rugby | <input type="checkbox"/> | Open Hockey | <input type="checkbox"/> | Open Football | <input type="checkbox"/> | Open Netball | <input type="checkbox"/> | | <input type="checkbox"/> |

Cadet below the age of 18

I, as the person responsible for the above named cadet give full consent for the cadet to take part in the above sports events. I understand that the cadet will be subject to Air Cadet care and discipline to include appearance standards, especially hair length. I also give permission to the officer in charge or his/her representative to act as the person in loco parentis should the cadet have to undergo medical treatment including any emergency operation to which I am unable physically to give consent

Signed

(Person with parental responsibility)
Name in Block Capitals

Date

Cadet Over the age of 18

I wish to participate in the above Air Training Corps Sports Event
I understand and accept that I will be subject to RAF care and discipline. I also accept that I must conform to all appearance standards in the nature of dress and especially hair length

Signed

(Cadet over the age of 18)
Name in Block Capitals

Date

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, until at least your 21st birthday. Only such data as is relevant to the cadet's attendance at the ATC Sports Event will be used/retained. Photographs may be taken at the event. These photographs and the names of the participants, may be publicised. Your signature above confirms your consent for us to use and retain such data and photographs. You have the right under the Data Protection Act 1998 to request access to any personal information we hold on the cadet.

REGARDLESS OF THE CADET'S MEDICAL CONDITION THE CERTIFICATE OF HEALTH OVERLEAF MUST BE COMPLETED FULLY, INCLUDING DOCTOR'S DETAILS AND SIGNED. ATTACH ANY NECESSARY DOCUMENTATION TO EXPLAIN A CONDITION THAT A CADET MAY SUFFER FROM OR HAVE SUFFERED IN THE PAST.

* delete as appropriate

TO BE COMPLETED BY ALL PARTICIPANTS

1. I take the following medication

Medication

Medical Condition

Do you need to have your medication with you during the sports activity? Yes/No*
 If yes – how is the form of medication taken?

If yes – please ensure that you carry your medication with you at all times and that the officer in charge is informed of your medication on arrival at the competition

2. Do you now or have you suffered from any of the following? - If yes please provide relevant details

Details

Asthma Yes/No*
 Allergies Yes/No*
 Heart Complaints Yes/No*
 Head Injuries Yes/No*
 Diabetes Yes/No*
 Epilepsy Yes/No*

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3. Have you had the following inoculations?

| | | |
|-------------|---------|------|
| Tetanus | Yes/No* | Date |
| Polio | Yes/No* | Date |
| BCG | Yes/No* | Date |
| Hepatitis A | Yes/No* | Date |
| Hepatitis B | Yes/No* | Date |

4. Doctors Details

| Name | Address | Telephone Numbers |
|------|---------|-------------------|
| | | During hours |
| | | Outside Hours |

5. Other Details

Is there anything that we should be aware of which might affect you or your participation in this sport? If so please provide appropriate details

6. Declaration

I understand that I should be well prepared, physically and sufficiently fit to take part in this ATC Sports Event. I have declared all medical matters that may affect my participation in this Sports Event and I will inform the Officer in Charge of any additional medical matter that occurs after the date of signing this form

Signed (Cadet)..... Date.....

Countersigned.....
 (Person having parental responsibility for a cadet under the age of **16** years only)

* delete as appropriate