



**Instructions:** This form must be completed before camp and taken to camp by the individual cadet. All spaces must be completed - use only blue or black ink. The witness must not be a close relative to the parent or guardian.

Number	Rank	Initial(s)	Surname	SN

**Part 1:** I hereby give consent for my above named son/daughter/ward★ to attend an AAFC camp or activity as described below:

Type of Camp or Activity	Location	Period from	Period to

I agree to notify his/her★ Squadron duty member should he/she★ be unable to attend after being selected. Should such notification be impossible, or imminent to departure for camp, I will inform the Camp Detachment Headquarters at the RAAF Base, or establishment listed in the "location" above, ie the camp destination. Ask for the "Air Force Cadets detachment".

**Part 2:** I hereby give consent for my above named son/daughter/ward★ participating in all AAFC approved activities which are part of his/her★ training at the camp or activity stated above, and being carried/transported in any aircraft, glider, marine craft or vehicle where such carriage is part of his/her★ training as a member of the Australian Air Force Cadets (AAFC) as either passenger or crew.

**Part 3:** I hereby give consent/do not give consent★ to photographs of my son/daughter/ward★ being used in Cadet and Defence brochures, newsletters, newspapers, articles and websites which promote and publicise the ADFC.

**Part 4:** I hereby authorise military or civilian medical personnel to administer any necessary medical or dental treatment to my above named son/daughter/ward★.

**Part 5:** I hereby authorise military or civilian medical personnel to perform any urgent surgery (medical or dental) on my above named son/daughter/ward★. I understand the AAFC will contact me as soon as possible in the event of emergency treatment on the number(s) listed below under "Emergency Telephone Number".

**Part 6:** I hereby authorise the administration of an anaesthetic and/or blood transfusion(s) to my above named son/daughter/ward★ should this be deemed necessary by military or civilian medical personnel.

**Part 7:** I hereby certify that my above named son/daughter/ward★ is (1) medically and physically fit to undertake full time training and to my knowledge is not suffering from any contagious or infectious disease, or any medical or dental condition or disability likely to interfere with or be aggravated by the proposed training. (2) He/she★ suffers from the following condition/s and is receiving treatment/dosage as shown: (List overleaf if insufficient space)

List <input type="checkbox"/>	Please state 'nil' in this section if none are known, delete any which no longer apply.
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**Part 8:** My son/daughter/ward★ has/has not★ had a tetanus injection in the past 12 months. My above named son/daughter/ward★ is allergic to the following drugs/treatment. List any known. (List overleaf if insufficient space)

List <input type="checkbox"/>	Please state 'nil' in this section if none are known, delete any which no longer apply.
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**Part 9:** Legal custody of the above named cadet is vested in: (please tick appropriate box)

Both Parents <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Father Only <input type="checkbox"/>	Cadet if 18+ years <input type="checkbox"/>	Guardian <input type="checkbox"/>
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**Part 10:** I also give permission for my son/daughter/ward★, to participate in a supervised live firing weapons practice using .22" rifles including F88Ts and/or, provided he/she★ is a proficiency or advanced stage cadet, military 5.56mm (F88) firearms.

In signing this, I ..... give consent to Part 1 to 6 inclusive and 10 above, and declare that the information contained in Parts 7, 8 and 9 to be true and correct.

Cadet's Medicare Number	Valid to Month/Year	Cadet's Birth Date	
Name of Parent/Guardian★ (Please Print)		Signature	Date
Name of Witness (Please Print)		Signature	Date

Emergency Contact for Parent/Guardian:★

Emergency Address: (Please Print)	Emergency Telephone Number