



National Fire Brigades Cadet Programme

Emergency Contact Information Sheet

This form is to be completed by parents/caregivers and held securely by Cadet Leaders. Information will only be used in the event of an emergency or where immediate contact is required.

Cadet Details

Cadet full name: _____

Date of birth: _____ Age: _____

Home address:

Parent/Caregiver Details

Primary parent/caregiver name: _____

Relationship to cadet: _____

Phone number (mobile): _____

Alternative phone number: _____

Email address: _____

Secondary parent/caregiver name: _____

Relationship to cadet: _____

Phone number (mobile): _____

Alternative phone number: _____

Email address: _____

Emergency Contacts (other than parent/caregiver)

Contact name: _____

Relationship: _____

Phone number(s): _____

Contact name: _____

Relationship: _____

Phone number(s): _____

Medical Information

Does the cadet have any medical conditions? Yes No

If yes, please provide details:

Does the cadet have any allergies? Yes No

If yes, please provide details:

Is the cadet currently taking any medication? Yes No

If yes, please provide details and instructions:

Consent

I give permission for the *[Brigade's Name]* Cadet Programme to seek medical treatment for my child in the event of an emergency.

Parent/caregiver name: _____

Signature: _____ Date: _____