

**SUTTON GRAMMAR SCHOOL CCF
CONSENT AND MEDICAL FORM**

**Name of
Cadet:**

FORM:

ARMY/RAF?

Age and Date of Birth:

Home Address:

Telephone:

Emergency No:

Details (Name, Address and Phone Number) of family doctor/practice

Any relevant information concerning your child's health:

[Please continue on another sheet if necessary]

1. I give my consent for my son / daughter to participate in the event named below, and confirm that he/she is physically fit enough to cope with the demands of the event:

West Tofts Advance Party - Friday June 24th 2022

2. In the event of an accident or illness I authorise the relevant leaders of the activity/camp/expedition to consent to any medical treatment, including inoculations, surgery or blood transfusions, which in the opinion of a QUALIFIED medical practitioner may be necessary for my child during the course of the activity/camp/expedition. I understand every reasonable attempt will be made to contact me first.

Signed:

Parent/Guardian

**SUTTON GRAMMAR SCHOOL CCF
DECLARATION OF FITNESS**

Declaration:

I understand that I/the cadet will arrive at the camp sufficiently prepared and physically fit enough to take part in all of the camp activities. I/the cadet have/has declared any medical issues that might affect this, and any matters that might affect such participation. I/the cadet will inform the officers of any medical/fitness matters that may arise after signing this form.

Participant signature:

Parental signature: