

CCF HQ (RN) Medical Declaration and Consent Form (Form 31) (Revised 01/17)

CCF (RN) Cadets: Parent or Guardian **MUST** complete the form for attendance on ANY CCF HQ (RN) course

CCF (RN) CFAVs: **MUST** complete the form for attendance for ANY CCF HQ (RN) course

Course Name Division (If Req)
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Cadet/CFAV Details: Surname..... First Names..... Date of Birth/...../..... CFAV Service Number..... Doctor Name..... Doctor Phone Number..... Doctor Address.....

Emergency Contact (It must be NOK for minors) Surname..... First Names..... Relationship..... Address..... Post Code..... Telephone Day..... Telephone Eve..... Mobile Phone.....

Summary of Serious Medical Condition (to be filled out by Doctor/Medical Officer).....
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All medication required by a **Cadet** must be handed to the First Aid/Medical Officer on arrival along with this form. All medication must be in its original packaging with dosage details and frequency of administration. Reliever inhalers must be retained by the cadet and a spare given to the First Aider.

These medicines will be available, if required. May they be used for your child?

General Medical Questions:

Do you/he/she have any medical condition that we should be aware of? If yes, please give details.....

 Are you/he/she taking any medicines or tablets either regularly or when required? Please include over the counter and herbal remedies. YES/NO
 If yes, please specify (name, dose, frequency).....

 Have you/he/she had any contact with any infectious illnesses in the last month? If yes, please specify:.....

 Do you/he/she have any limitations that may prevent full participation in any activities – Dyslexia, knee problems, current injuries etc.? If yes, please specify.....

 Are you/he/she allergic to any foods, medicines or topical agents? If yes, please specify?

Cadet Only - Does he/she suffer from any recurring problems e.g. Migraines, period pains, bed wetting etc. If yes, please specify?

Paracetamol tablets/soluble/Calpol	YES / NO
Throat lozenges	YES / NO
Anti-histamine tablets	YES / NO
Anti-histamine cream	YES / NO
Sea Sickness Tablets	YES / NO
Ibuprofen	YES / NO
Cough Medicine	YES / NO
Decongestant	YES / NO

EMERGENCY PERMISSION:
 I authorise a CCF or Royal Navy adult representative to give permission to the Doctor to undertake whatever treatment is considered necessary in the event the emergency contact or NOK cannot be contacted in an emergency situation:

Signature of Parent/Guardian/CFAV Date
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Consent for Cadet to attend CCF Course:
 I hereby consent to my child's attendance on this CCF sponsored course (**including the travel arrangements in place**) and I will notify any changes to the above regarding NOK or my child's medical information prior to course attendance:

Signature of Parent/Guardian Date

Consent for taking images:
 During Camps and Courses we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity for the CCF. You can be assured no names will be used. In the event of any images of my child/me being taken, I consent to them being used for this purpose. (Please circle) **Yes No**

Failure to declare any of the above may result in your child being sent home. There is very little we cannot cope with if we know about it.

