NAVY LEAGUE CADET
VANCOUVER ISLAND DIVISION

PARENTS CONSENT FORM TO ATTEND NAVY LEAGUE ACTIVITY

Name of Activity: _____

Location: _____ Date(s) of Activity: _____

Price: _____ Name of Corps _____ Corps No:_____

NAME OF CADET _____ Rank _____
Surname **Given Names**

Day Month Year
Date of Birth ___/___/___ Sex _____

Cadet Medical form must be filled in and attached!

PARENTAL CONSENT

Experience has shown that in connection with Navy League events, there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Officer in charge, or his deputy to make arrangements for surgery or medical attention for my child/ward in the event of an emergency without the necessity of my prior approval. I understand that I will be notified by the Navy League Officer in charge, by the quickest means possible, if this authority is exercised.

The undersigned hereby gives permission for my child/ward to attend and participate in the above activity.

Name(Print)_____

Signed _____ Date _____

PERSONAL EMERGENCY NOTIFICATION

FIRST CONTACT
Surname **Given Names**
Name _____ Relation _____
Home Address _____ Phone Number _____
Place of Employment _____ Phone Number _____

SECOND CONTACT
Surname **Given Names**
Name _____ Relation
Home Address _____ Phone Number _____
Place of Employment _____ Phone Number _____