

RESTRICTED – MEDICAL

(when completed)

**CADETS PERSONAL DETAILS, MEDICAL CONSENT FORM AND  
CERTIFICATE OF HEALTH FOR SPORT**

**To be completed fully and signed by the person having parental responsibility or personally by a  
cadet over 18 years of age.**

<b>Cadet's Surname:</b>		<b>Forenames:</b>
<b>Rank:</b>	<b>Male/Female:</b>	<b>ATC Sqn: Wing:</b>
<b>Date of Birth:</b>		<b>Region:</b>
<b>Next of Kin/ Person to Contact:</b>		<b>Relationship:</b>
<b>Home Address:</b>		<b>Telephone No:</b>
<b>Post Code:</b>		
<b>Contact address and telephone number during the event (if different from above):</b>		
<b>Post Code:</b>		

**I wish to take part in the ATC Sports Fixture at: \_\_\_\_\_ on \_\_\_\_\_**

<b>Cadet Below the Age of 18:</b>	<b>Cadet Over the Age of 18:</b>
I give full consent to the above named cadet to take part in Air Training Corps Representative Sports Fixtures. I understand that he/she will be subject to Air Cadets care and discipline and must conform to appearance standards required, especially hair length. Permission is given to participate in this ATC Sports Fixture I give permission to the Officer in Charge or his/her appointed representative to act as the person in loco parentis should he/she have to undergo medical treatment including any emergency operation to which I am unable physically to give consent.	I understand that I will be subject to RAF care and discipline and must conform to appearance standards required, especially hair length. I wish to participate in this Air Training Corps Sports Fixture
The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data Protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to the cadet's attendance at ATC Representative Sports Fixtures will be used/retained. Signing below indicates your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold on the cadet.	
Date _____ Signed _____	Date _____ Signed _____
Name in BLOCK Capitals _____ (Person having Parental Responsibility)	Name in BLOCK Capitals _____ (Cadet over the Age of 18)

**REGARDLESS OF THE CADET'S MEDICAL CONDITION YOU ARE REQUESTED TO  
COMPLETE FULLY, INCLUDING DOCTOR'S DETAILS, AND SIGN THE CERTIFICATE  
OF HEALTH OVERLEAF AND TO ATTACH ANY NECESSARY DOCUMENTATION TO  
EXPLAIN IN DETAIL A CONDITION FROM WHICH A CADET MAY SUFFER OR HAVE  
SUFFERED**

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**SURNAME:** ----- **FORENAME(S):** -----

**CERTIFICATE OF HEALTH AND DECLARATION OF FITNESS FOR SPORT**

**TO BE COMPLETED BY ALL PATICIPANTS**

\* **Note:** If any of the following do not apply insert “NONE” in the box(es).

1. \***Medication.** I take the following medication:

<b>Medication</b>	<b>Medical Condition</b>

2.

<b>Medical Condition/Past Injuries for which I do not take medication for but may affect my performance during the activities.</b>	<b>Name, address and telephone number of the doctor I am registered with</b>

3. **Asthma** Do you suffer or have you ever suffered from asthma? **YES/NO**

**If yes, please ensure you carry your medication with you at all times and inform the Officer in Charge on arrival.**

4. **Declaration.** I understand that I should be well prepared, physically and sufficiently fit to take part in this ATC Representative Fixture. I have declared all medical matters that may affect my participation in this sport and I will inform the Officer in Charge of any additional medical matter that occurs after the date of signing this form.

**Signed:**..... **Date:**.....

**Countersigned:**.....

(Person having parental responsibility for a cadet under 18 years of age only)