ANNEX D
PROTECTED B (When completed)

PERMISSION SLIP

Dear Parent/Guardian

Your child has been chosen to participate in FTX Up North V from 1700hrs 28 Nov 2008 to 1800hrs 30 Nov 2008 at Camp Saskadet. Cadets are to arrive at their local headquarters no later than 1700hrs on 28 Nov 2008 and will be free to depart from their local headquarters at 1800hrs on 30 Nov 2008. Please also note that if your child is not properly equipped for this exercise they will not be able to attend. This decision is made with your child's safety in mind.

I give permission for my child/ward _____ to participate in the above named exercise. Should my child/ward become ill, I grant permission for any supervising officer to permit medical treatment, which is deemed in the best interest of my child/ward. By signing this permission slip I consent to my child/ward's equipment being checked to ensure that they have all required equipment.

_____ _____
Signature of parent/guardian date

MEDICAL INFORMATION

Hospitalization number: _____ Date of Birth: _____

Is your child presently on any medications? If yes list all medications and dosage required:
_____
_____
_____

Does your child suffer from any allergies to medication, food, insect bites, etc.? If yes please list:
_____
_____

Has your child suffer any serious injury, broken bones, or been hospitalized in the past 12 months? If yes please explain: _____
_____
_____

Are there any other medical conditions we should be brought to our attention which may affect your child's training? If so, please explain: _____
_____
_____

Parents Name:_____
Address:_____
Parent phone number:
Home: _____
Work: _____
Cell: _____

Alternate Family Contact:_____
Relationship to cadet:_____
Phone Number: Home:_____
Work: _____
Cell:_____