



PARENT / GUARDIAN CONSENT FORM FOR ARMY IN EDUCATION ACTIVITIES

PLEASE NOTE: This is the consent form required for students under the age of 18 to take part in activities related to Army in Education activities. This is **not** consent to recruiting for, or joining, the Army.

THIS FORM IS TO BE COMPLETED IN FULL AND SIGNED BY THE PARENT OR GUARDIAN OF THE PERSON NAMED BELOW (STUDENT).

YOU ARE TO COMPLETE THIS FORM AND BRING IT TO YOUR ARMY IN EDUCATION ACTIVITY.

YOU **WILL NOT** BE ABLE TO TAKE PART IN ANY ARMY IN EDUCATION ACTIVITY IF YOU HAVE NOT COMPLETED THIS FORM.

ALL DETAILS MUST BE IN BLOCK CAPITALS

PARENT / GUARDIAN

Full name: Relationship:

Address:

Contact Telephone Numbers:

..... Home:

..... Work:

..... Mobile:

STUDENT

Full name: Date of Birth:

DIETARY REQUIREMENTS

Please detail any food the student is unable to eat for medical or other reasons:

FOOD	REASON
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EMERGENCY CONTACT DETAILS

Please ensure the details you provide are of a suitable adult (over 18 years of age) who has responsibility for the student during the Army in Education activities (which may require overnight stays by the student). If possible, please provide a second contact and the student’s registered Doctor.

First Contact Details

Full name: Relationship:

Address:

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First Contact Telephone Numbers:

Home:
Work:
Mobile:

Second Contact Details

Full name: Relationship:

Address:

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Second Contact Telephone Numbers:

Home:
Work:
Mobile:

Registered Doctor’s Contact Details

Doctor’s Name:..... Surgery Name:.....

Surgery Address:

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Surgery Telephone Number:

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PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Parents/Guardians are to read the following questions carefully and sign this form to confirm the student has none of the conditions mentioned. (Students who are aged 18 or over may sign for themselves):

QUESTIONS RELATING TO YOUR MEDICAL HEALTH	
1	Has their doctor ever said that the student has a heart condition?
2	Has their doctor ever said that the student should only do physical activity recommended by a doctor?
3	Does their doctor currently prescribe the student drugs (for example water pills) for blood pressure or a heart problem?
4	Does the student ever feel pain in their chest when they do physical activity?
5	In the past month, has the student had chest pain when they are not doing physical activity?
6	Does the student ever feel faint or have spells of dizziness?
7	Does the student suffer from shortness of breath at any time or a respiratory condition that prevents them from doing physical activity?
8	Does the student have a current prescription for an inhaler?
9	Does the student have any joint problems (Including neck, back & hip) that could be made worse by exercise, including jumping and landing?
10	Is the student pregnant or have they given birth in the last 6 months?
11	Does the student have a condition requiring medication or are they taking medication that would prevent them from doing physical activity?
12	Does the student have an anxiety condition?

I have read and understood the medical health questions above and confirm that:

The student **does not** suffer from any of the conditions listed above, nor any other condition or injury that would prevent them from safely taking part in physical activity:

(Do not sign if the student is not thought to be fully healthy)

****PLEASE DO NOT RECORD ANY PERSONALLY MEDICAL INFORMATION ON THIS FORM****

I DO NOT WISH TO SIGN: or: Signature: _____

Date: _____ Print Name: _____

Our Declaration:

For your safety and welfare, you, or your parent / guardian if you are under 18, must tell us if you have, or have had, any of the medical conditions listed above. You will not be able to attend the event if you have any of these medical conditions, or if the section above has not been signed, or if our instructors have any concerns about your medical or physical fitness during the event. This questionnaire is not, however, part of the application process.

If your health status changes between you signing this document and taking part in the scheduled activity, it is your responsibility to inform your teaching staff; if possible before travelling to the event.

DECLARATION

- I give permission for the student to carry out Army in Education activities.
- I understand that by signing the Physical Activity Readiness Questionnaire in the previous section, I confirm that there are no known medical reasons why the student should not participate in physically demanding activities¹.
- I am aware that the Army is unable to allow individuals who have a medical condition that might impair their ability, cause sudden incapacitation or require medication, to attend the event².
- I understand that the event may include chaperoned overnight stays³.
- In the event of illness or injury during Army recruiting activities, I authorise the provision of any required medical treatment as deemed necessary by the Service or Civilian medical attendants for the student. In the event of medical treatment being provided, I will be notified as soon as possible. I understand that if the student is over 16 they can decline the offer of medical treatment. With the exception of a Medical Officer, Service Personnel are not responsible for administering or supervising the administration of any medication.
- I acknowledge that photographs may be taken for use in official military publications, including recruiting material. Please tick one box below:

I am happy for photographs to be taken:

I do not wish photographs to be taken:

PARENT / GUARDIAN SIGNATURE

Print name.....

Signed Date

Students who are over the age of 18 years may sign for themselves

¹ Students without a signed Physical Activity Readiness Questionnaire will not be able to attend the event.
² Students who have a current injury or are receiving medical treatment during the event will also not be allowed to continue.

FOR STAFF USE

Event/Activity Title (Case Name / No e.g. PDA):

The Physical Activity Readiness Questionnaire must be reviewed with the student on day of activity and appropriate action taken if there are any significant changes since originally signed.

Instructor's signature:

Print name:

Date: