



**The Navy League of Canada
#55 NLCC CB Hill
Parent/Guardian Approval for Cadet Exercise**



Activity:

Dates:

Location:

Drop Off:

Pick-up:

CADET PERSONAL INFORMATION

Cadet Name:

Gender:

Parent/Guardian:

Relation:

Phone:

Alternate Phone :

AB Health Card #:

Is cadet taking any medication?

If Yes, please provide the following information:

Name & Dosage of Medication:

Frequency:

Other Medical Information:

Please list any allergies or dietary requirements your child may have:

Parental Consent:

1. I affirm that all information given on this form is correct, and my child has been granted authority to attend the above activity.
2. I also grant authority for my child to receive emergency, medical or dental treatment if the need arises.

Parent/Guardian Signature

Date