



## << ACTIVITY MEDICAL FORM >>

CONFIDENTIAL

Name of Family Doctor: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Phone Numbers - Day: \_\_\_\_\_ Night: \_\_\_\_\_

Has your Son/Daughter/Ward;

YES NO

01 any illness or disability at present | |

02 suffered any major injuries | |

03 head injuries, concussion, unconsciousness | |

04 frequent/severe headache (eg migraine etc) | |

05 had any operations | |

06 ankle, knee, foot or joint trouble | |

07 re-occurrent throat trouble | |

08 ear trouble | |

09 respiratory trouble (eg asthma, hay fever, short of breath, etc) | |

10 Diabetes | |

11 Epilepsy or other forms of fits | |

12 Rheumatic fever | |

13 Allergic conditions | |

14 Motion/travel sickness | |

15 skin conditions | |

16 received any medical treatment lately | |

17 currently under medication | |

18 been in contact with any infectious diseases recently | |

19 had a full course of Tetanus Toxoid immunization | |

*If you have answered "YES" to any of the above (except 19), please write a brief explanation below (give the question number first then the explanation.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Medications required:*

\_\_\_\_\_  
\_\_\_\_\_

***You should ensure that, if applicable, your Cadet take their medication, water and/or food.***



# <<< PARENT CONSENT FORM >>>

(To be completed AND signed by Parent/Guardian)

Return to:  
The Unit Commander  
16 Squadron  
Tauranga

activity: .....

date(s) .....

Dear Sir

Cadet \_\_\_\_\_ has my permission to attend the  
Unit Camp/Trip/Activity.

Please find enclosed camp/trip fees and transport expenses (if applicable). \$75 .00.

I have completed the Medical Form on the back \*Yes / No

My son/daughter/ward will be taking medication \*Yes / No

I am available to assist with transport \*Fri / Sat / Sun

If you can supply transport, please state how many you can take \_\_\_\_\_

(TRANSPORT WILL BE REQUIRED BY PARENTS)

(\* Delete that which is not applicable)

You may contact me during the activity by phone: (\_\_\_\_) \_\_\_\_\_

Name: \* Mr/Mrs/Ms: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

Note:

Please pay via online banking to "Air training Corps of NZ Association, 16 Sqn, Tauranga"  
Account number: 03-0445-0206116-00.

THIS REPLY SHOULD BE RETURNED TO THE CADET UNIT COMMANDER

(with camp/trip fees) NO LATER THAN

**7 days prior to the activity taking place.**

Late returns MAY NOT be accepted!!!

Comments:

***You should ensure that, if applicable, your Cadet take their medication, water and/or food.***