

TO BE COMPLETED AND TAKEN TO THE PRE-DEPLOYMENT PACKAGE

..... (Cadet's Name)

..... (Cadet's unit)

**PARENTS'/GUARDIANS' CONSENT PRO FORMA
CADET150 EXPEDITION TO LESOTHO**

1. Please answer the following questions:

a. Does he or she suffer from any allergies?
If so, please give full details of them below (at sub-para g) including the medicine(s) prescribed. **Yes** **No**

b. **Details of Allergies and Prescribed Medicines:**

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c. Does/he/she have any special eating requirements?
(If 'Yes', please give details). **Yes** **No**

.....

2. I give permission for the Adult Escorting Officers named in Annex B to contact my son/daughter/ward by e-mail or surface mail in order to establish communications and pass information relevant to the Expedition. **Yes** **No**

3. I declare that parental/guardian permission is given and I confirm that this cadet has my permission to take part in the Cadet150 Expedition to Lesotho during the period 26 Jul to 18 Aug 10 and the pre-deployment package at Uxbridge during the period 25 to 26 Jul 10.

3. My contact details are:

Style/Title (Dr/Mr/Mrs etc):

Initials and Name (in BLOCKS):

Relationship to Cadet:

Contact Address (including Post Code):

.....

Telephone Numbers (including National Dialling Code):

Home: Office Fax: E-mail

Signature: Date of Signature: