



# PARENT / GUARDIAN CONSENT FORM FOR ARMY in EDUCATION ACTIVITIES

**PLEASE NOTE:** This is the consent form required for candidates 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 (CANDIDATE).

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 RETURNED THIS FORM.

ALL DETAILS MUST BE IN BLOCK CAPITALS

## PARENT / GUARDIAN

Full name: ..... Relationship: .....

Address:

.....  
.....  
.....  
.....

Contact Telephone Numbers:

Home: .....  
Work: .....  
Mobile: .....

## CANDIDATE

Full name: ..... Date of Birth: .....

## DIETARY REQUIREMENTS

Please detail any food the candidate is unable to eat for medical or ideological reasons:

FOOD	REASON
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....



## EMERGENCY CONTACT DETAILS

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

### First Contact Details

Full name: ..... Relationship: .....

Address:

.....  
.....  
.....  
.....

First Contact Telephone Numbers:

Home: .....  
Work: .....  
Mobile: .....

### Second Contact Details

Full name: ..... Relationship: .....

Address:

.....  
.....  
.....  
.....

Second Contact Telephone Numbers:

Home: .....  
Work: .....  
Mobile: .....

### Registered Doctor's Contact Details

Doctor's Name: ..... Surgery Name: .....

Surgery Address:

.....  
.....  
.....  
.....

Surgery Telephone Number:

.....

## **PUBLIC LIABILITY STATEMENT**

- a. The Ministry of Defence (MOD), or any third party used by the MOD from time to time for the delivery of Recruiting Services, will deal with any common law claim for compensation on the basis of legal liability to make payment, which is to say any claim that arises due to the negligence of the MOD, its servants, agents or contractors. Any such claim should be forwarded to the Directorate listed below and copied to Business Assurance, HQ RG, Bldg 370, Trenchard Lines, Upavon, SN9 6BE:

**Ministry of Defence, Directorate of Business Resilience, Common Law Claims & Policy, Public Liability Team, Level 1, Zone 1, MOD Main Building, Whitehall, London, SW12 2HB**

- b. The MOD does not purchase public liability insurance, but accepts its own risks and acts as its own insurer; consequently MOD cover is without financial limit.
- c. The MOD, or any third party used by the MOD from time to time for the delivery of Recruiting Services, has no legal liability to deal with claims for injuries resulting from pure accident or 'Act of God'. Therefore you may wish to consider personal accident insurance.
- d. In those cases where a third party is used by the MOD to provide the Recruiting Services any common law claim for compensation, will be dealt with by that third party who will have in place public liability insurance arrangements.

The Army will not be held responsible for the candidate while travelling to the activity unsupervised on public transport. The Army shall only accept responsibility for the candidate, once the authorised Army representative has met them at the pre-arranged place and time. Those returning home via public transport are considered to be in the care of the Army until the point at which they board public transport.

In the event of injury or illness resulting in the candidate needing to return home, the parent / guardian is responsible for collecting the candidate.

In the event of the candidate behaving inappropriately resulting in dismissal from the course/activity/visit, the parent / guardian will be responsible for collection.

The Army will not be held liable for any failure to disclose any relevant information.

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

You are to read the following questions carefully and provide a Yes / No answer in the box provided.

	QUESTIONS RELATING TO YOUR MEDICAL HEALTH	YES	NO
1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2	Does your doctor currently prescribe you drugs (for example water pills) for blood pressure or a heart problem?		
3	Do you ever feel pain in your chest when you do physical activity?		
4	In the past month, have you had chest pain when you are not doing physical activity?		
5	Do you ever feel faint or have spells of dizziness?		
6	Do you suffer from shortness of breath at any time or a respiratory condition that would prevent you from doing physical activity?		
7	Do you have any joint problems (Including neck, back & hip) that could be made worse by exercise, including jumping and landing?		
8	Are you pregnant or have you given birth in the last 6 months?		
9	Do you have a condition requiring medication or are you taking medication that would prevent you from doing physical activity?		

### **Our Declaration:**

**For your safety and welfare, if you answered yes to any of the above then you will not be able to take part in the physical activity/activities.**

If, between signing this document and you taking part in scheduled activity, your health status changes it is your parent/guardians responsibility to inform your Activity co-ordinator.

Your ability to undergo physical activities will be monitored during warm up sessions. If the Instructor determines that, based on his/her assessment, you are not up to the required standard you will be refused access to take part in the physical activity/activities.

## DECLARATION

- I give permission for the candidate to carry out Army in Education activities.
- I understand that the event may include:
  - » Physically demanding activities
  - » Chaperoned overnight stays
- I confirm that there are no known medical reasons why the candidate should not participate.
- I am aware that the Army is unable to allow individuals who have a medical condition<sup>1</sup>, that may impair their ability, cause sudden incapacitation or require medication, to participate in the above activities.
- I am aware that the Army cannot allow individuals to participate in physical activities if they have certain conditions, and can confirm that the candidate does not:
  - » Have a current injury or receiving medical treatment that prevents them taking part in physical activity.
- 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 candidate. In the event of medical treatment being provided, I will be notified as soon as possible. I understand that if the candidate 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 prefer photographs not to be taken

## PARENT / GUARDIAN SIGNATURE

Signed ..... Date .....

<sup>1</sup> Participation in physical activities by individuals with Asthma, Epilepsy or ADHD is subject to a suitable and sufficient risk assessment by the activity Commander in accordance with JSP 375, taking into account the degree of impairment, likelihood of sudden incapacitation, proposed activities, environment and the use of prescribed medication. Specialist Occupational Medicine advice can be sought from Occ Med Branch, HQ ARTD, Bldg 370, Trenchard Lines, Upavon, SN9 6BE to assist in the assessment of risk.



**FOR STAFF USE**

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

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

Instructor's signature: .....

Print name: .....

Date: .....