

**EXERCISE SWIFT START 12 - CONSENT FORM**

I, having the authority to do so, hereby give consent for

Forename(s)	<input type="text"/>	Surname	<input type="text"/>		
Rank	<input type="text"/>	<table border="1"><tr><td>Male*</td></tr><tr><td>Female*</td></tr></table>	Male*	Female*	Date of Birth <input type="text"/>
Male*					
Female*					
Detachment	<input type="text"/>	Company	<input type="text"/>		

To attend the Recruit Cadre Camp to be held at ACFTC Read House, St George's Barracks, Arncott, Bicester OX25 1PP from 08 April 2012 to 14 April 2012.

**Required Information Questionnaire**

Does the Recruit named above have any known medical conditions?	<table border="1"><tr><td>YES*</td><td>NO*</td></tr></table>	YES*	NO*
YES*	NO*		
Does the Recruit named above have any recent or unhealed injuries?	<table border="1"><tr><td>YES*</td><td>NO*</td></tr></table>	YES*	NO*
YES*	NO*		
Does the Recruit named above have any known or suspected allergies?	<table border="1"><tr><td>YES*</td><td>NO*</td></tr></table>	YES*	NO*
YES*	NO*		
Does the Recruit named above have any special dietary requirements?	<table border="1"><tr><td>YES*</td><td>NO*</td></tr></table>	YES*	NO*
YES*	NO*		
Does the Recruit named above require prescription medication?	<table border="1"><tr><td>YES*</td><td>NO*</td></tr></table>	YES*	NO*
YES*	NO*		
Does the Recruit named above require an inhaler?	<table border="1"><tr><td>YES*</td><td>NO*</td></tr></table>	YES*	NO*
YES*	NO*		
Are there any activities the Recruit named above should not take part in?	<table border="1"><tr><td>YES*</td><td>NO*</td></tr></table>	YES*	NO*
YES*	NO*		

\* Delete as appropriate

Where the answer to any of the above is YES, I have completed the details on Annex D to ACF/15/15 dated 19 Jan 12 and where medication is required I will ensure that the Recruit named above will bring adequate supplies.

Further, I hereby give general consent to any medical treatment necessary and authorise the Officer or CFAV in charge of the training to sign any documents required by the medical authorities in case of emergency. Unless I have specifically declared otherwise, I give consent for the Recruit named above to be photographed and for the photographs to be used for internal or external PR purposes; also, except where I have specifically declared otherwise, I give consent for the Recruit named above to fly in properly licenced military and civilian aircraft.

**Parent/Guardian/Carer**

Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Contact Number(s) Valid 08-14 April 2012	<input type="text"/>		
Relationship	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

**EXERCISE SWIFT START 12 - MEDICAL DECLARATION**

Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Rank	<input type="text"/>	Male* Female*	Date of Birth <input type="text"/>
Detachment	<input type="text"/>	Contact Number	<input type="text"/>
GP Name	<input type="text"/>	GP Contact Number	<input type="text"/>
GP Address	<input type="text"/>		

Known Medical Conditions

Medication and Dosage

Allergies

Special Dietary Requirements

Any sports exemptions or Recent/unhealed injuries?

**Parent/Guardian/Carer**

I hereby declare that the above is accurate to the best of my knowledge and I will immediately inform BHQ Oxfordshire (The Rifles) Bn ACF of any changes.

Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

\* Delete as appropriate

**RECRUIT CADRE CAMP GRADUATION PARADE AND PRIZEGIVING – ATTENDANCE PROFORMA**

I wish\*/do not wish\* to attend the Recruit Camp Graduation Parade at St George's Barracks, Arncott at 1300hrs on Saturday 14 April 2012. I will\*/will not\* be collecting the Cadet named below after the Parade.

Forename(s)  Surname

Rank

Detachment  Company

I will be accompanied by

Forename(s)  Surname

Forename(s)  Surname

Forename(s)  Surname

Forename(s)  Surname

Vehicle Details

Make  Model

Colour  Registration

Assistance Required?

My party will\*/will not\* take light refreshments at Read House after the Parade.

\* Delete as appropriate

**Parent/Guardian/Carer**

Forename(s)  Surname

Contact Number(s)  
Valid 08-14 April 2012

Relationship to Cadet

Signature  Date