



533 St. Albert RCACS

Ex Sabre Royale

PERMISSION FORM

Date of Activity: Saturday, April 7th, 2018 & Sunday, April 8th, 2018

Permission Form Due: Thursday, April 5th, 2018

Rank	Last Name	First Name	Flight	Level

Will the cadet stated above be attending this activity? (Check ONE box)

Yes

No

Please note that this event is a **Mandatory Training Activity**, and attendance is required unless a valid excuse is provided. Failure to attend this event may result in the inability to complete all requirements for the current training year, which affects level progression and rank promotions.

IF NOT ATTENDING, PLEASE PROVIDE A VALID REASON:

DIETARY CONCERNS/FOOD ALLERGIES

MEDICATION (these should be passed in to the First Aid Officer at the start of the event)

PHYSICAL RESTRICTIONS/INJURIES (current or in the recent past)

May our First Aid Officer give this cadet over-the-counter medication if necessary?

Yes

No

Who is the primary contact person in case of an emergency during the dates listed for this event, and what is the primary contact's phone number?

Name: _____ Phone Number: _____

Date

Parent/Guardian (please print)

Signature

PERMISSION SLIPS ARE TO BE SUBMITTED TO THE ADMINISTRATION OFFICE