

2587 PWOR RCACC - PARENTAL CONSENT FORM

SURNAME

FIRST NAME

RANK

HOME ADDRESS OF CADET

I, the undersigned parent/guardian of the above cadet, agree to allow my son/daughter/ward to take part in the following cadet activity:

Exercise Canada's Finest Winter

Mount Pakenham and War Museum

February 18-19, 2017

Drop off: 0800hrs Montreal St Armouries

Pick up: 1600 hrs Montreal St Armouries

Dress: Appropriate Civilian

Only experienced Skiers and Snowboarders -rest Tubing

Must bring your Health Card

EMERGENCY PHONE NUMBER: _____

SIGNATURE OF PARENT/GUARDIAN

ANY SPECIAL MEDICATION OR OTHER CONCERN YOU WISH BROUGHT TO THE ATTENTION OF CADET LEADERS SHOULD BE MENTIONED BELOW:

PARENTAL REMINDER - Please remove and keep at home in case of an emergency

Dates: February 18-19, 2017

Drop Off: Feb 18 Montreal Street Armouries @ 0800hrs

Pick Up: Feb 19 Montreal Street Armouries @ 1600

Emergency Contact Number: (613) 328-4621 Lt (N) Quesnel