

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:

**Winter FTX**

**Reading Drill Hall- CFB Kingston**

**February 3-5, 2017**

**Drop off: 1730hrs Friday, Feb3**

**Pick up: 1500 hrs Sunday, Feb5**

**Kit List to be published next week**

**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:**

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

Dates: Feb 3-5, 2017

Drop Off: 1730hrs @ Reading Drill Hall, CFB Kingston

Pick up: 1500 hrs @ Reading Drill Hall, CFB Kingston

Emergency Contact Number: Lt Reece cell (519) 719-0441