

## PARENTAL CONSENT – LOCALLY DIRECTED ACTIVITIES AND REC TRIPS

*(Disponible en français sur demande)*

Note. On this form, the term “parent” and its derivatives include “legal guardians” and the term “child” includes “wards”.

<b>TRAINING OR ACTIVITY DETAILS</b>	
<small>Name</small> <div style="text-align: center; font-weight: bold;">283 FUNDRAISING ACTIVITY (TAGGING)</div>	<small>Location</small> <div style="text-align: center;">City of Vaughan                      HQ = Head Quarters: 100 Porter Ave Woodbridge ON</div>
<small>Start Date and Time</small> <div style="text-align: center;">Thursday, April 23, 2026 at 6:00 pm</div>	<small>End Date and Time</small> <div style="text-align: center;">Sunday, April 26, 2026 at 6:00 pm</div>

<b>TRAINING OR ACTIVITY DESCRIPTION</b>
<p>283 Air Cadets will be participating in fundraising for the squadron throughout the City of Vaughan.</p> <p>Our headquarters will be based out of the Woodbridge Fair Grounds at the above address. Cadets will come to HQ to sign in, receive their tagging boxes and allocated a store where they will fundraise. Parents are to drive their cadet to the store and pick them up when they are done their shift. Parents are to return their cadet to HQ to drop off the tagging box and sign out.</p>

<b>PARENTAL CONSENT AND ACKNOWLEDGEMENT</b>
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I, the undersigned, parent of \_\_\_\_\_  
Cadet's Full Name

a member of 283 AIR in Vaughan (ON), hereby consent to my child:  
CC/Sqn Number City/Town

- participating in training or the activity described above,
- participating with my informed consent to the risks as detailed in the informed parental consent form attached (as applicable),
- being provided minor medical care and emergency treatment by qualified and certified medical practitioners to treat an illness, injury or reaction suffered during training or the activity; and

hereby acknowledge that I am required to inform cadet corps/squadron staff if, for the safety of my child, there has been any recent change to my child’s health, including any injury, illness or other medical condition. This will require a Detailed Health Questionnaire be submitted to the RMLO (Regional Medical Liaison Officer).

\_\_\_\_\_  
Parent's Name (Print) Parent's Signature Date