National Defence / Défense nationale

PROTECTED A (when completed)

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".

TRAINING OR ACTIVITY DETAILS

Name	Location
MARKSMANSHIP DAY	BLACKDOWN CADET TRAINING CENTRE
Start Date and Time	**End Date and Time**
OCTOBER 24, 2026, AT 7:00 AM	OCTOBER 24, 2026, AT 5:30 PM

TRAINING OR ACTIVITY DESCRIPTION

283 Air cadets will be participating in a Marksmanship Day at Blackdown Cadet Training Centre. Activities include marksmanship familiarization using the cadet air rifle, identify the parts and characteristics of the Daisy 853c air rifle, carry out safety precautions and basic marksmanship techniques and following the rules and commands on an air rifle range.

PARENTAL CONSENT AND ACKNOWLEDGEMENT

I, the undersigned, parent of _____
Cadet's Full Name

a member of _____ , in _____ (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

_____ Parent's Signature

_____ Date

Original – To be retained at the cadet corps/squadron

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