# RECREATIONAL AND EDUCATIONAL TRIP LETTER FORMAT TO PARENTS/GUARDIANS

# INFORMED PARENTAL CONSENT - WAIVER

To parents/guardians: please return this form filled in and signed to 872 Squadron.

# **GENERAL**

- 1. To parents/guardians of cadets from 872 Squadron who are participating in the trip to **La Ronde on June 18, 2016**. Address is 22 Chemin Macdonald, Île Sainte-Hélène, QC H3C 6A3.
- 2. The purpose of this letter is to formally advise you of details of this trip and make you aware of the roles, responsibilities and liability of the Air Cadet League, the Department of National Defence/Canadian Forces, cadets and yourself. Your signature at the end of this letter will indicate that you have read and understand this letter and accept the conditions and risks to your son/daughter/ward and yourself under which this trip is being conducted.

# **SPONSORSHIP**

- 3. Within the Canadian Cadet program, this activity is NOT part of the normal training program and is described as an "Optional Activity" not funded by the Department of National Defence/Canadian Forces. Cadet attendance is voluntary only and failure to attend has no effect on a cadet's career, promotion or selection for other training opportunities.
- 4. As an "Optional Activity," the Department of National Defence/Canadian Forces neither sponsors this activity nor provides support for it. The Sponsoring Committee that supports 872 Squadron is the official sponsor for this activity.

# **ESCORTS**

- 5. Within the Canadian Forces (CF):
  - a. only an officer of the Cadet Instructor Cadre may be appointed as an officer in charge of Royal Canadian Sea, Army and Air Cadets; and
  - b. only appropriately trained CF Regular and Reserve personnel and Civilian Instructors (CIs) are authorized to supervise Royal Canadian Sea, Army and Air Cadets.
- 6. Navy League Cadet officers, Air Cadet League members, parents, guardians and volunteers are NOT authorized to supervise and escort Royal Canadian Air Cadets. For this activity, the official escorts are:

Maj Burniston, Capt Schmid, Capt Mureta, Lt Kelly, 2Lt Wood, CI Matta, OCdt Wells, CI Pelletier, CI Neil, CI Delle Palme, CI Al-Zu'Bi, CI O'Brien and CI Lally

- 7. It is government policy to indemnify and provide legal assistance to members of the CF (which includes officers of the CIC) and CIs for certain risks arising from the performance of their duties, including the supervision and escorting of cadets if:
  - a. they acted honestly;
  - b. they did not act maliciously;
  - c. they worked within the normal scope of their duties and responsibilities; and
  - d. they met reasonable departmental expectations in the performance of their duties.

# **ACTIVITIES AND ITINERARY**

8. A detailed itinerary for this trip is attached. It outlines daily activities, timings, locations, methods of transportation and accommodations that will be used.

START	END	ACTIVITY					
Saturday 18 June 2016							
		Personnel report to AY Jackson (HAVING ALREADY EATEN BREAKFAST)					
0745		Administrative procedures					
		Load buses					
0800		Departure, move to La Ronde					
11:30	13:00	Lunch at La Ronde					
1700	1900	Dinner at La Ronde					
2000		Departure from La Ronde					
2200		Arrive at AY Jackson					
2200		Cadet pickup by parents					

# ALCOHOLIC BEVERAGES AND ILLEGAL DRUGS

- 9. In accordance with cadet policies, cadets are prohibited from consuming alcoholic beverages or using illegal drugs. If these rules are broken, the following may occur:
  - a. the cadet may be sent home at the parent's/guardian's expense;
  - b. the cadet may be prohibited from taking part in any further trip activities;
  - c. the cadet may lose cadet training and cadet membership privileges; and
  - d. if injured while under the influence of alcohol or illegal drugs, medical insurance MAY NOT apply and any resulting expenses could be the responsibility of the parent/guardian.

# **DOCUMENTATION**

- 10. Cadets shall have the following documentation in their possession before leaving home:
  - a. their provincial health card; a photocopy of the card or its number written down could be refused by medical facilities who may see it as inadequate proof of identification;
- 11. The costs of obtaining the any identification will be the cadet's responsibility.

# **MEDICAL**

- 15. 872 Squadron recommends that each cadet visit his or her doctor for a check up to discuss the trip to La Ronde in the event there is any concern about participating in the rides.
- 16. 872 Squadron will be travelling with over-the-counter medications that may be administered if necessary and with prior parent's/guardian's consent. Only the Commanding Officer or a delegated CIC Officer will administer these medications. Dosage instructions will be followed as per package instructions. On the consent form below, parents/guardians are requested to initial if they agree or disagree to have certain medications administered to their son/daughter/ward during the course of the trip.
- 17. Prescribed medications MUST be carried by the cadet in a pharmacy-labelled bottle with current doctor's orders clearly typed. Your son/daughter/ward should bring only enough medication for the trip (plus a little extra in case of spillage).

**Medical Alert Bracelets**. Please arrange for your son/daughter/ward to wear a medical alert bracelet as recommended by your physician or pharmacist for life threatening allergies or for complicated medical conditions. Complicated or multiple issues may require a written, detailed explanation be kept on the cadet's person while travelling, in case he or she is separated from the group.

\*\*\*\*\*PLEASE FILL OUT THE 2 PAGE CONSENT FORM BELOW AND BRING TO A SPONSORING COMMITTEE MEMBER NO LATER THAN **MAY 18, 2016**. \*\*\*\*\*\*

\*\*\*\*NO FORM WILL BE ACCEPTED AFTER THE DEADLINE AS CONFIRMATION WITH LA RONDE WILL BE MADE THE NEXT DAY\*\*\*\*

# CONSENT AND RELEASE OF LIABILITY

1.	By my signature, I,	(print full name), the					
		n Air Cadets, realizing the potent					
	travelling away from the cadet 872 Sqn locality (Kanata) and taking part in cadet activities and						
	training, on behalf of myself and him/her (cross out non applicable), and my and his/her (cross						
	•	visees, successors, assigns, execu	•				
		out non applicable) being permitted					
				е ша пр ю са			
	•	activities related to this trip, hereby:					
<b>a.</b>	a cadet non-refundable \$20 submit your form and paymen	participation fee must accompant is <u>May 18, 2016;</u>	ny this form	n. Deadline to			
b.	to be eligible for this year end trip, you must have either participated in the auto-lott fundraising or paid the \$75 voluntary fee.						
c.	acknowledge having read the terms and conditions of this optional activity not funded by Department of National Defence and indicate my understanding and acceptance;						
d.	accept/do not accept (cross out non applicable) that my son/daughter/ward will occasionally have "FREE TIME" without direct supervision;						
e.	give the Commanding Officer or a delegated CIC Officer permission to authorize emergenc medical treatment if required for my son/daughter/ward;						
f.	having determined that the activities involve potential hazards and may result in physical harm and wishing in any event him/her (cross out non applicable) to carry out the activity voluntarily assume any risks that may be associated with the activity; and						
g.	waive all claims of any nature or kind whether in contract, tort, negligence or otherwise, against Her Majesty the Queen in right of Canada, Her officers, servants, agents, employees and members of Her Canadian Forces and the Air Cadet League, its officers, servants, agents, employees and members, all in their employment and private capacities, in any manner arising out of, based upon, occasioned by or attributable to the activities of them, including negligence on their part, or any action taken or things done or maintained by virtue thereof.						
Signa	nture of parent/guardian	Signature of witness	Da	ite			
Eme	rgency contact during activity:	Name	Phone #	(next page)			

#### **MEDICAL**

2. Parents/Guardians are requested to initial if they agree or disagree to have the medications listed below administered if necessary by the Commanding Officer to their son/daughter/ward during the course of the trip. TYLENOL 325 mg tablets for pain or fever will be administered according to package directives. Agree: Disagree: (Initial applicable) **IBUPROPHEN** tablets for pain relief, muscle pain and reduce fever will be administered according to package directives. Agree: Disagree: (Initial applicable) **GRAVOL 50 mg tablets** for travel nausea (on the airplane probably) will be administered according to package directives. Agree: Disagree: (Initial applicable) **DIPHENHYDRAMINE** (Benadryl) for symptoms of allergic rhinitis, motion sickness and insect bites and stings will be administered according to package directives. Agree: \_\_\_\_\_ Disagree: \_\_\_\_ (Initial applicable) **ROBITUSSIN DM syrup** for cough suppression will be administered according to package directives. Agree: \_\_\_\_\_ Disagree: \_\_\_\_ (Initial applicable) Cadets travelling with prescription drugs are requested to list them below: Prescription Reason Cadets are requested to provide a list of known allergies or food restrictions: