



# The Sea Cadets

CADET IN CONFIDENCE (When Completed)  
**CADET'S HEALTH CERTIFICATE, PARENT'S CONSENT AND  
 COMMANDING OFFICER'S AUTHORISATION**  
 COMPLETE USING BLOCK CAPITALS - ADD AND DELETE AS REQUIRED  
 Supersedes all previous versions of T1 which should now be destroyed

**FORM SCC  
 T1  
 April 2007**

### IMPORTANT NOTES:

- A.** It is a Sea Cadet statutory requirement that this form is completed for all Cadets wishing to attend Sea Cadet activities outside normal Parade Night (EG: Unit, District, Area or National courses, events or other activities. This form is to be fully completed and handed in at the location).
- B.** ALL SIGNATURES ON THIS FORM MUST BE ORIGINAL. **SCANNED OR PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED AND MAY RESULT IN CANCELLATION OF INDIVIDUAL CADET TRAINING OR ACTIVITY.** \*
- C.** IT IS THE RESPONSIBILITY OF THE SENIOR SUPERVISOR/INSTRUCTOR TO ENSURE THAT PARENTS/GUARDIANS ARE INFORMED AT THE EARLIEST OPPORTUNITY WHEN A CADET REQUIRES HOSPITAL TREATMENT.

### UNIT DETAILS

Unit Name (Not TS Name)  District  Area

### CADET DETAILS

Fore Names  Surname

Home Address (Including Post Code)  Rank/Rate

Date of Birth

Age  Years  Months

Home Telephone No (Including National Code)  Religion

### HEALTH CERTIFICATE AND PARENT'S CONSENT (PLEASE READ CAREFULLY BEFORE COMPLETING)

1. To the best of my knowledge, my son/daughter/ward has not been in contact with any contagious or infectious diseases during the last three weeks. He/she is in normal health and does not suffer from any illness or disability which would affect him/her from taking a full and active part in all events and activities.
2. My son/daughter/ward is/is not taking Medication. (IF MEDICATION IS PRESCRIBED PLEASE COMPLETE SECTION BELOW - THE SUPERVISING OFFICER WILL COMPLETE AND MAINTAIN THE FORM SCC T1(MED)).

Medication	Dosage	Frequency	Carried at all Times (PLEASE INSERT "YES" OR "NO")

3. He/She is undergoing temporary/permanent treatment for

4. Any medical condition/allergy which the OIC should be aware of (If necessary place report in sealed envelope)

5. In the event of illness or accident requiring hospital or medical treatment and the delay required to obtain my signature is considered inadvisable by the medical authorities, I authorise the Officer in Charge or a responsible member of his/her team to sign any written form of consent required by the medical authorities on my behalf. If the medical authorities wish to contact the General Practitioner of my son/daughter/ward, they may do so.

Practitioner Name  Telephone No (Including National Code)

Practitioner Address

6. I understand that if I have already given photographic permission, such consent remains in force until I specify otherwise in writing.

7. I agree to my son/daughter/ward taking part in all Cadet activities and events which may include going afloat, sleeping under canvas, flying, sub-aqua and trips in submarines and I confer my son/daughter/ward to the care of the Officer in Charge of the course/event/activity.

Contact Telephone No (Including National Code)  
 (When parents are unable to be contacted)

Signature of Parent/Guardian  \* See Note B above Date

### COMMANDING OFFICER AUTHORISATION (In the absence of the CO, the delegated representative may authorise)

The above named Cadet has been given approval to attend the following course/event/activity:

Course/Event/Activity	Date From	Date To

Commanding Officer Signature  \* See Note B above Rank /Rate  Date

Print Name  IS A PHOTOGRAPHIC PARENTAL CONSENT FORM HELD WITH THIS CADET'S P10. You must answer "YES" or "NO"

**THIS FORM PROVIDES IDENTIFICATION OF THE CADET. IT MUST THEREFORE BE RETURNED TO THE CADET AT THE END OF THE COURSE/EVENT/ACTIVITY FOR HOMEWARD JOURNEY.**