**Permission Form**

What: 19 Wing CFB Comox Visit

When: 26 Feb 17 @ 1500hrs – 28 Feb 17 @ 1700 hrs

Where: 103 LHQ, 1513 Forbes Ave, North Vancouver

How: Parents to arrange transportation to and from 103 LHQ

Why: 103 RCACS has been selected for a joint 19 Wing Cadet Familiarization Visit from 26-28 Feb 2017

Name of Cadets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary Needs / Allergies / Medication:

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have approved my son or daughter to attend the 19 Wing CFB Comox vist running from 26-28 Feb 2017.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_