



**NATIONAL POLICE CADET CORPS
CAMP RESILIENCE, PULAU UBIN**



CONSENT FORM

SECTION 1 INTRODUCTION

The National Police Cadet Corps (NPCC) encourages our cadets to attend a series of outdoor trainings at NPCC Camp Resilience in Pulau Ubin to complete the NPCC training programme for cadet level.

The outdoor trainings are:

- 3-day-2-night Secondary 2 Adventure Training Camp (ATC),
- 3-day-2-night Secondary 3 ATC, and
- Non-residential Secondary 4/5 High Ropes Challenge (HRC).

The main components of these courses include:

Secondary 2 ATC	Secondary 3 ATC	Secondary 4/5 HRC
<ul style="list-style-type: none"> ➤ Orienteering ➤ Rafting ➤ Low-ropes elements 	<ul style="list-style-type: none"> ➤ Pioneering ➤ Kayaking ➤ Intermediate ropes elements 	<ul style="list-style-type: none"> ➤ Advanced ropes elements

The cadet participating in the training courses has to complete Section 1, Section 2, Section 3 and Section 4 and obtain Parent's/Guardian's consent in Section 5 before he is allowed to participate in the training course(s).

SECTION 2 APPLICANT'S PARTICULARS

Name of Training Course (please tick accordingly):

- Secondary 2 ATC** **Secondary 3 ATC**
 Secondary 4/5 HRC **Others (please specify):**

Training Date: _____

School / Area : _____

NRIC No : ___ - _____ - ___

Rank : _____

Full Name : _____

Gender : M / F * **Blood Group** : _____

Date of Birth : ___ / ___ / _____

Home Address : _____

Postal Code : Singapore _____

Contacts : _____(home) , _____(hp)

E-mail Address : _____

Race : _____

Food Preference : Halal / Vegetarian*

**Ability to Swim
50m with Life-
Vest** : Yes / No *

Outdoor Interests & Sports Indicate your involvement in the following by
0 = None 1 = Sometimes 2 = Frequently

- ___ Swimming ___ Running / Jogging ___ Camping
___ Kayaking ___ Rock-Climbing

* – please circle where applicable

SECTION 3 MEDICAL DECLARATION

Does the applicant have the following medical history (if yes, please describe)

- | | |
|--|------------|
| a. Chest pain, High blood pressure, Heart problems
Description:
_____ | Yes / No * |
| b. Asthma, Bronchitis, Tuberculosis, Sinusitis, other Lung-related problems
Description:
_____ | Yes / No * |
| c. Fits, Elipsy, Fainting attacks, Migraine, Severe head injury
Description:
_____ | Yes / No * |
| d. Eye / Vision problems
Description:
_____ | Yes / No * |
| e. Ear / Hearing problems
Description:
_____ | Yes / No * |
| f. Diabetes
Description:
_____ | Yes / No * |
| g. Bone or joint injury
Description:
_____ | Yes / No * |
| h. A carrier status for any infectious disease
Description:
_____ | Yes / No * |
| i. Medical surgery / hospitalisation* within the last two years
Description:
_____ | Yes / No * |
| j. Medical / food / other allergies
Description:
_____ | Yes / No * |

- k. Does the participant require the following :
1) Routine medication
Description:
_____ Yes / No *
- 2) Special diet
Description:
_____ Yes / No *
- l. Other illnesses
Description:
_____ Yes / No *

* – please circle where applicable

SECTION 4 NEXT-OF-KIN'S PARTICULARS

Full Name : _____
Address : _____
(if different from above)
Relationship : _____
(to Applicant)
Contacts : _____(home) _____(hp)

SECTION 5 PARENT'S / GUARDIAN'S CONSENT (FOR PARTICIPANTS BELOW 21 YEARS OF AGE)

Medical Declaration

I declare that all the medical information provided above is true. The cadet is not suffering from any acute ailments and/or diseases.

Undertaking

I am aware that my child/ward's* attendance in the course may involve certain amount of risks. I understand that he/she* will need to cooperate fully with the Camp OC, instructors and camp personnel.

Acknowledgement & Consent by Parent/Guardian

I, _____, parent/guardian* of
(Full Name of Parent/Guardian)*
_____, allow my child/ward* to
(Full Name of Child/Ward)*
attend the stated course.

Signature of
Parent/Guardian*

Date

* – please circle where applicable