

ANNEX D  
OP ORDER 03/24  
04 March 2024

**PLEASE FILL OUT GOOGLE FORM SIGNUP ONLY**  
**12-14 April 2024 – OPERATION TO BE**  
**PERMISSION FORM**

**12-14 April 2024**

The Cadets of 789 Squadron will participate in a weekend survival training exercise beginning 12 Apr 2024 at 1800hrs and ending **14 Apr 2024, 1500hrs** at Blue Springs Scout Reserve.

A kit list is attached on the following page. **Cadets MUST bring their Health Card. Cadets without health card and required kit WILL NOT BE ALLOWED TO ATTEND AND PARTICIPATE.** On Drop Off Parents are asked **NOT TO LEAVE** Until after health card and kit have been verified by squadron staff. **Aerosol spray deodorants will be allowed with prior arrangement under special circumstances but must be clearly marked with cadet's name and turned in to squadron staff and then signed out for each use.**

In the event of an emergency, please call the Deputy Commanding Officer's cell phone at **647-217-8726**. The permission form is due **NO LATER THAN 04 Apr 2024**.

Please return the portion below – PRINT CLEARLY (Please print):

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I, \_\_\_\_\_ give my cadet \_\_\_\_\_  
(Surname, Given Name of Cadet)

Name of Parent or Guardian

Cadet Rank: \_\_\_\_\_ Cadet Gender: \_\_\_ Cadet Level: \_\_\_\_\_

Permission to attend the field exercise held the 12-14 Apr 2024 at Blue Springs Scout Reserve

Cadet will bring Health Card and all required kit. **Cadets without health card and required kit WILL NOT BE ALLOWED TO ATTEND AND PARTICIPATE.** Aerosol spray deodorants will be allowed with prior arrangement under special circumstances but must be clearly marked with cadet's name and turned in to squadron staff and then signed out for each use. Any and ALL dietary restrictions MUST be listed below so that where possible we can accommodate them or work with you to ensure needs are met.

**PHONE CONTACT NUMBERS – PARENTS MUST Provide contact numbers where they can be reached at all times. If necessary, provide an ALTERNATE Contact number.**

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

List **ANY** Food Allergies: \_\_\_\_\_

Vegetarian: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**ANY** OTHER DIETARY RESTRICTIONS (eg. Vegan):  
\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_