

ACE CADET DETAILS - NEXT OF KIN FORM

Cadet Personal Particulars

Unit / Country:

Service No.....RankSurname.....

Given Name M/F DOB AGE.....

Home Address

Telephone: Home Mobile

Telephone: Work Fax

E-mail

Next of Kin Details

Surname Given Names

Relationship to member

Home Address

Telephone: Home Work

Mobile

I give permission for my child / ward listed in the cadet section of this form to participate in the following endorsed Australian Army Cadet Activities:

(Circle correct response)

- Handling a weapon under the supervision of qualified personnel: **YES / NO**

- Participation in any promotional/media activities considered appropriate by the Australian Army Cadets: **YES / NO**

- Challenging adventure training. **YES / NO**

Signature.....
(Parent or Guardian)

Printed Name

Date

HEALTH/MEDICAL STATEMENT

(Mandatory for each Camp, Course, Army or AAC conducted activity)

(PLEASE PRINT ANSWERS - STRIKE OUT OR RING ANSWERS AS REQUIRED)

- The following details are needed to assist correct and timely treatment when required.

TO BE COMPLETED IN FULL BY PARENT/GUARDIAN

RankSurname..... Given Names.....

Date of Birth..... Blood Group (if known)..... Gender M or F

Religion.....

(where applicable circle correct responses for the following questions)

1. Does your child/ward currently have **any** medical condition that will require treatment during their visit to Australia?

YES / NO (If yes, please list details.)

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2. Has your child/ward ever suffered from any of the following conditions: Diabetes, Asthma, Bronchitis, kidney disorders, heart disorders or nervous disorder (eg: ADD, ADHD, depression etc)

YES / NO (If yes, please list details.)

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3. What analgesics (eg Paracetamol or Aspirin) is your child/ward permitted to take for headaches or period pains?

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4. Does your child/ward have any special dietary requirements? **YES / NO** (If yes, please list details.)

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5. Is your child/ward allergic to any drugs, medicines, insect bites or food? (If yes, please state each one.) **YES / NO**

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6. Is your child/ward presently taking any medicines? **YES / NO** ((If yes, state the name and dosage of each medicine.)

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7. Has your child/ward recently (within last three weeks) taken any medicines? **YES / NO**
(If yes, please state the name and dosage of each and every medicine and the reason for its use.)

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8. Has your child/ward had any recent injuries of any kind? (If yes, please elaborate fully.) **YES / NO**

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9. Is there any reason why your child/ward should not engage in vigorous, strenuous physical activity? **YES / NO**

Signature.....
(Parent or Guardian)

Printed Name

Date

Permission to Anaesthetise and Operate

In the event of a medical emergency, during which I can not be contacted, I hereby authorise the Australian Army Cadets to permit my child/ward
.....*(insert name)*.....
.....to be given anaesthetic and to be operated on if such treatment is considered necessary by a qualified medical practitioner. This permission is given on the condition that every reasonable effort will be made to contact me.

Date

Signature.....
(Parent or Guardian)

Printed Name

Privacy Statement

The Australian Army Cadets respects your privacy. The information collected on this form is for the purpose of providing your child/ward with the necessary care whilst on a Cadet activity. The information will only be used for the purpose you have provided it and will not be used for any other purposes. It will not be passed to a third party without your expressed permission except as required by law. If for any reason the details above alter, you should contact the Unit OC/CO and request a new form for completion and submission.