

# **AUSTRALIAN AIR FORCE CADETS**

## **MANAGEMENT OF HEALTH CONDITIONS**

### **DURING CADET ACTIVITIES**

The cadet enrolment process includes a mandatory health declaration to ensure the AAFC is able to provide a healthy and safe environment for all members.

All uniformed Adult Supervisors and Senior Cadets hold a current first aid qualification and as required provide first aid to the level of their training. Referral to definitive medical advice is imperative for personnel to be able to provide the appropriate care to cadets in the time of need.

To allow Adult Supervisors to exercise their duty of care to cadets, it is a requirement that the cadet's parents/guardians provide the AAFC with information relevant to any known condition, allergies or other issues that may affect the safety and development of the cadet or may impact on their ability to safely participate in the range of activities the AAFC offers.

When no medical condition, allergy or other condition exists the parents/guardians must provide a declaration stating that no condition or allergy exists prior to the applicant being enrolled in the AAFC.

Where a medical condition, allergy or other condition does exist, a declaration clearly providing details of the condition or allergy and an Action Management Plan (AMP) must be provided prior to the applicant being enrolled in the AAFC. The AMP is mandated for all members who are at risk of sudden incapacitation or worsening of their condition. Examples of (but not limited to) identified conditions are as follows:

- a. Allergies;
- b. Angina;
- c. Anxiety;
- d. Asthma;
- e. Attention Deficit Disorder (ADD)
- f. Attention Deficit Hyperactivity Disorder (ADHD);
- g. Asperger's syndrome;
- h. Diabetes;
- i. Epilepsy;
- j. Migraine;
- k. Thyroid conditions; and
- l. Sleep Apnea.

The Action Management Plan (AMP) must be completed by the applicant's medical practitioner where appropriate, and is to contain photographic identification of the applicant, information about the health condition and its triggers, how it is managed, critical information about the emergency response in the event of an onset of the symptoms associated with the health condition (e.g. seizure or anaphylactic incident), and the emergency contact details of both next of kin and the applicant's medical practitioner.

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## HEALTH DECLARATION - NO CONDITIONS

Applicant's full name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

- 1 I certify that at the time of application my daughter/son/ward has no medical condition, allergy or other condition which will affect their safety or development in the Australian Air Force Cadets.
- 2 I acknowledge that Australian Air Force Cadet Adult Supervisors and Senior Cadets are trained in first aid and if required will treat my daughter/son/ward to the level of their training.
- 3 I understand that it is my responsibility to advise the Commanding Officer in writing if there is any change to my daughter/son/ward's medical status. Such advice may require an Action Management Plan to also be provided.

Parent/Guardian Name \_\_\_\_\_

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

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**AUSTRALIAN AIR FORCE CADETS**  
**HEALTH DECLARATION – CONDITION REQUIRING**  
**AN ACTION MANAGEMENT PLAN**

Applicant's full name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

- 1 I certify that at the time of application my daughter/son/ward has a medical condition, allergy or other condition and the action management plan submitted with this declaration is complete and current.
- 2 I acknowledge that Australian Air Force Cadet Adult Supervisors and Senior Cadets are trained in first aid and if required will treat my daughter/son/ward to the level of their training.
- 3 I understand that it is my responsibility to advise the Commanding Officer in writing if there is any change to my daughter/son/ward's medical status.

Parent/Guardian Name \_\_\_\_\_

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

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# Action Management Plan

Surname: \_\_\_\_\_

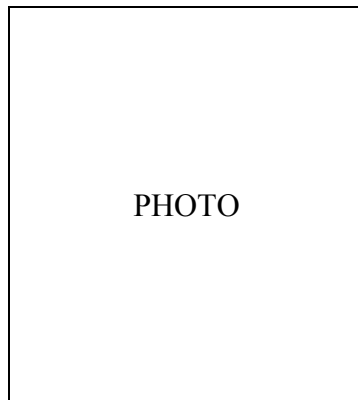
First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medical or other Condition(s):  
\_\_\_\_\_

Triggers: \_\_\_\_\_

\_\_\_\_\_



Medication(s) taken and dose: \_\_\_\_\_

\_\_\_\_\_

Is the individual able to competently self-administer medication?      **YES**      **NO**

Dietary Requirements: \_\_\_\_\_

\_\_\_\_\_

**The individual will require the following first aid response when these symptoms are observed**

Signs & Symptoms	First Aid response	Other Actions/Facility/Resources R e q u i r e d

**Emergency Contact Details:**

Parent/Guardian name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ (work)

\_\_\_\_\_ (home)

\_\_\_\_\_ (mobile)

**Plan prepared by:**

Dr: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_