

**CONSENT FORM - AAFC ACTIVITY**  
AUSTRALIAN AIR FORCE CADETS  
**DECLARATION by PARENT or GUARDIAN or ADULT CADET (18+yo)**

Number	Rank	Initial(s)	Surname	SQN

Has been accepted to attend this AAFC activity, subject to the satisfactory completion of this Declaration.

AAFC ACTIVITY	LOCATION	From Date:	To Date:

**Legal custody** of the above named cadet is vested in: Both Parents  Mother  Father  Guardian  N/A

Cadet's Date of Birth	Cadet's Medicare Number & Expiry Date (mm/yy)	Name of Primary Medicare Cardholder

**For this AAFC activity, I.....** (print name) being a parent / legal guardian\* of the cadet named above or as a cadet of adult age\* (18+years),do; (\* delete where inapplicable )

1. Acknowledge that it is my responsibility to advise the AAFC of any medical conditions or allergies my child has and to supply any special advice necessary to manage those conditions or allergies while in the care of the AAFC. The following are the recorded allergies for the above named cadet registered on the on-line system '**CadetOne**'. [Please add any unlisted conditions]

2. Advise that I have supplied with this declaration written instructions on how my child's allergies and medical conditions are to be managed while on this activity.

Yes  No  Not Applicable

3. **Give** (by ticking **Yes**) or **do not give** (by ticking **No**) my consent as indicated for my child to:

- Participate in all approved AAFC activities associated with this exercise including being transported in aircraft, marine craft and land vehicles. .... Yes  No
  - Participate in AAFC-supervised live firing weapons practice (military or civilian)..... Yes  No
  - Be photographed for the purpose of AAFC and ADF brochures, marketing or public media to promote the AAFC from time to time..... Yes  No
  - In an emergency, receive military or civil medical and/or dental assistance including surgery if necessary.\*..... Yes  No
  - In an emergency receive a blood transfusion.\*..... Yes  No
  - In an emergency receive a general anaesthetic.\*..... Yes  No
- \* Every attempt will be made to contact you prior to medical intervention.

4. Certify that my child is:

- Medically and physically fit to undertake this AAFC activity..... **Initial** \_\_\_\_\_
- Not suffering from any contagious or infectious disease..... **Initial** \_\_\_\_\_
- Not suffering any condition likely to interfere with this AAFC activity..... **Initial** \_\_\_\_\_

5. Certify that I have seen my child's personal details in **CadetOne** and that all Medical Details, allergies; emergency contacts and NOK are listed correctly..... Yes  No   
(**CadetOne** URL is <https://www.cadetone.aafc.org.au>)

6. Provide the following details about my child. Are the details below correct, still current?

Asthma sufferer Yes  No  Tetanus injection in the last 12 months Yes  No

Current Medication	Dietary Needs:
<b>Name of Parent / Guardian</b> (Please Print)	<b>Signature</b>
<b>Witness</b> (Please Print name – must not be related)	<b>Date</b>
Emergency Contact Number During Activity:	Name of Contact & Relationship to Cadet: