

## Definitions

6. Definitions found in QR (Cadets) and CATO 11-04 are used in this CATO, as well as the following:

“controlled substance”

(substance désignée)

means a substance whose possession is either illegal or controlled by law, and included in Schedule I, II, III, IV or V of the Controlled Drugs and Substances Act;

“prohibited item”

(article prohibé)

means an item whose possession is illegal by law;

“restricted item”

(article réglementé)

means an item whose possession is controlled by law;

“staff cadet”

(cadet-cadre)

refers to:

- a. a staff cadet employed at a cadet training centre, cadet flying training centre or cadet music training centre, and
- b. in this CATO, a senior cadet assigned to operations or support duties during other types of training activities; and

“unauthorized item”

(article interdit)

means an item whose possession by a cadet during an approved activity is not permitted in accordance with this CATO.

## GENERAL

7. There may be instances during approved activities when it is necessary to conduct searches or inspections of cadets, including, but not limited to their uniform, equipment, luggage, locker(s), sleeping accommodation and common areas. Whatever the reasons may be for doing so, this policy is meant to ensure that searches and inspections are conducted in accordance with law and CAF policy, including but not limited to this CATO.

## SEARCHES

8. In Canada, a search is defined as an examination of a person or property, including a person's house or other buildings, premises, or vehicle, with the aim to discover contraband, illicit or stolen property, or some evidence of guilt to be used in the prosecution of an offence.

9. In circumstances where there is thought to be reasonable grounds to search a cadet, including but not limited to his/her person, luggage, locker(s), quarters as well as effects and equipment under his/her care, the Commanding Officer or his/her representative shall contact the Military Police or civilian police, whichever applies, who will either obtain parental consent to conduct the search or seek lawful authority to do so through a search warrant.

10. In Canada, no one else may conduct a search of a cadet.

### **INSPECTIONS**

11. For the purposes of this order, an inspection is defined as an examination of a cadet, including but not limited to his/her uniform, luggage, locker(s), sleeping accommodations as well as effects and equipment under his/her care, for the purpose of ensuring compliance with this order and other applicable direction.
12. Inspections shall be conducted in a respectful manner, such as having a person inspecting luggage and lockers of cadets from the same gender wherever practical, and with the least amount of intrusion on the cadets' privacy. Inspections shall be conducted equally for all cadets in a given group, e.g. in the same division, platoon or section, etc. They shall not be conducted on only one or selected cadets in a given group.
13. Inspections, when conducted, shall be used only to fulfill the Canadian Armed Forces' obligation to supervise the CCO as mandated in the National Defence Act. Some of these inspection types however will require parental consent beforehand as stated hereinafter.

### **Inspection Limits**

14. Inspections shall not be used as a vehicle or pretext to examine a cadet's, or group of cadets', effects, locker(s) and other items under his/her care on suspicion of being involved in an illegal, restricted or unauthorized activity.
15. Under no circumstances may personal cellular telephones, electronic or computer devices (tablets, laptops, desktops, etc.), journals, notes or diaries be inspected.

### **Inspection Types**

16. Different inspection types can be ordered and conducted, some simultaneously, during the course of a cadet activity. While some may take place frequently as a matter of routine, others might be conducted only when the situation dictates it. The following are the only approved inspection types to which a cadet may be subjected:

- a. uniform inspections;
- b. luggage or kit inspections;
- c. sleeping accommodations' inspections; and
- d. safety rounds.

### **Uniform Inspections**

17. This inspection type is normally conducted to verify that:
- a. the cadet is wearing the proper order of dress, including badges and accoutrements, or other clothing as directed;
  - b. the order of dress (or other clothing) is clean and, when applicable, pressed;
  - c. when applicable, his/her boots are clean and polished; and
  - d. his/her hair and general appearance meet established standards.
18. This inspection type may be conducted without prior parental consent by:
- a. a CAF member (an officer or an NCM);
  - b. a civilian instructor; and

- c. a cadet or staff cadet under the general supervision of a CAF member present on-site and based on clear direction.

### **Luggage or Kit Inspections**

19. This inspection type is normally conducted at the beginning of a cadet activity, but may also take place at any moment after, to verify the cadet:
  - a. has packed the required uniform, clothing, equipment and personal effects, in sufficient quantities, and these are in good condition and properly maintained; and
  - b. has not misplaced or forgotten his/her belongings;
  - c. does not have prohibited, restricted or unauthorized items in his/her possession, as listed at annex B to this order.
20. When inspecting luggage and/or kit:
  - a. the cadet who owns it or to whom it has been assigned shall be present;
  - b. the person inspecting should be of the same gender as the cadet being inspected.
21. With prior parental consent, this inspection type may be conducted by:
  - a. a CAF member (an officer or an NCM);
  - b. a civilian instructor under the general supervision of a CAF member present on-site and based on clear direction; and
  - c. a cadet or staff cadet under the direct supervision of a CAF member, i.e. in his or her line of sight.
22. See details below under "PARENTAL CONSENT".

### **Sleeping Accommodations' Inspections**

23. This inspection type may take place at any moment during a cadet activity to verify that:
  - a. the cadet's sleeping accommodation, locker(s), luggage, storage area(s) and common areas are clean and orderly;
  - b. the cadet has clean clothes to wear;
  - c. the cadet practices proper personal hygiene habits;
  - d. the cadet has hung his/her wet clothes and towels to dry;
  - e. the cadet is not keeping food in his/her sleeping accommodation, locker(s), luggage, storage area(s) and common areas;
  - f. the cadet does not have prohibited, restricted or unauthorized items in his/her possession, as listed at annex B to this order.
24. When inspecting locker(s), luggage and other personal storage areas, the cadet to whom it belongs or it was assigned shall be present.
25. With prior parental consent, this inspection type may be conducted by:
  - a. a CAF member (an officer or an NCM);
  - b. a civilian instructor under the general supervision of a CAF member present on-site and based on clear direction; and

- c. a cadet or staff cadet under the direct supervision of a CAF member, i.e. in his or her line of sight.

26. See details below under "PARENTAL CONSENT".

#### **Safety Rounds**

27. Conducted anytime during the day or night, this inspection type may take the form of scheduled or impromptu rounds or visits of sleeping accommodations meant to detect the presence of a fire, damage, theft, inappropriate behaviour, etc.

28. When inspecting sleeping accommodations while the cadets are present and out of bed:

- a. individuals conducting the inspection shall be of the same gender or accompanied by a member of that gender; and
- b. cadets shall be given an opportunity to don appropriate clothing or to cover themselves.

29. When inspecting sleeping accommodations while the cadets are present but in bed:

- a. individuals conducting the inspection shall be of the same gender or accompanied by a member of that gender;
- b. disruptions shall be kept to a minimum; and
- c. cadets shall not be disturbed, woken up or taken out of bed without valid reasons.

30. With prior parental consent, this inspection type may be conducted by:

- a. a CAF member (an officer or an NCM);
- b. a civilian instructor, cadet or staff cadet under the general supervision of a CAF member present on-site and based on clear direction; and
- c. a civilian employee hired for that specific purpose.

31. See details below under "PARENTAL CONSENT".

#### **PARENTAL CONSENT**

32. Inspections, as described above, may be conducted during an approved activity under one condition: the parental consent form shall not only include a statement allowing the child to participate in it but another one as well, at the very least, allowing the CAF to conduct inspections, including related details. Under no circumstances shall it be possible for parents to consent to their child's participation without consenting also to the conduct of inspections.

33. Said consent is obtained when cadets and their parents complete the Offer of Participation Form or Activity Registration Form for training and activities managed through Fortress. As for those not managed through Fortress, cadets and parents shall be required to complete the Inspection Consent Form found at annex A to this CATO, in addition to a participation consent form.

#### **FAILING AN INSPECTION OR SEARCH**

34. Corrective measures could be taken against a cadet for failing any one or more inspection or search aspects, in accordance with CATO 15-22 Conduct and Discipline – Cadets.

#### **REFUSING TO SUBMIT TO AN INSPECTION**

35. Corrective measures could be taken against a cadet for refusing to submit to an inspection, in accordance with CATO 15-22 Conduct and Discipline – Cadets.

#### **PROHIBITED, RESTRICTED AND UNAUTHORIZED ITEMS**

## WARNING

In accordance with National Defence Security Policy, form **DND 2570 - Detailed Health Questionnaire Canadian Cadet Organizations** is designated "Protected B" information once completed.

Completed "Protected B" forms **MUST NOT BE SAVED UNENCRYPTED** on any network and workstation drive or storage media. "Protected B" forms, when completed, **MUST BE ENCRYPTED USING THE DND ISSUED PKI SMARTCARD**. Failure to respect this requirement will result in a breach of security and sanctions shall be applied in accordance with the policy.

## AVIS

En vertu de la politique de sécurité du Ministère de la Défense nationale, le formulaire **DND 2570 - Questionnaire de santé détaillé organisations de cadets du Canada** porte la désignation « Protégé B » lorsque complété.

Les formulaires remplis « Protégé B » **NE DOIVENT PAS ÊTRE SAUVEGARDÉS SANS LA PROTECTION DU CHIFFRAGE NUMÉRIQUE** ni sur les lecteurs de réseau ou locaux ni sur les supports de mémoire. Les formulaires « Protégé B », une fois remplis, **PEUVENT ÊTRE SAUVEGARDÉS SEULEMENT PAR LE CHIFFRAGE NUMÉRIQUE AVEC LA CARTE À PUCE DE L'ICP DU MDN**. Le non-respect de cette exigence sera considéré une infraction à la sécurité et entraînera des sanctions en vertu de la politique.

## Detailed Health Questionnaire

### Instructions

### Définitions

In this document, the word "parent" refers to all individuals who hold parental authority over the cadet.

### Completing this Form

If the cadet has reached the legal age of consent, he/she may complete and sign this form instead of his/her parents.

Write in block letters.

Once this form is properly completed, it is to be delivered to the cadet's supervisor at the corps/squadron in a sealed envelope to ensure medical confidentiality. Access to that information will be restricted to Canadian Forces or civilian medical personnel.

Until the form is completed and delivered, the cadet could be prevented from participating in certain training activities for safety reasons.

### Membership Application

When completing this form during the Cadet membership application process, parents are asked to provide as many details as possible concerning their child's medical condition and medication.

### Annual Validation

When completing this form for annual validation purposes, parents are asked to answer every question and provide details even if they have done so before.

### Medical Condition Changes

When completing this form because there have been changes to their child's medical condition or medication, parents are asked to answer every question and provide details even if they have done so before and to clearly identify what is "NEW", "CHANGED" or "CANCELLED".

## Questionnaire de santé détaillé

### Instructions

### Définitions

Dans le présent document, le mot « parent » désigne toute personne détenant l'autorité parentale sur le cadet.

### Comment remplir le présent formulaire

Si le cadet est d'âge légal pour consentir, il peut remplir et signer lui-même le présent formulaire, au lieu de ses parents.

Écrire en caractères d'imprimerie.

Une fois le présent formulaire bien rempli, il faut le remettre au superviseur du cadet au corps ou à l'escadron dans une enveloppe cachetée pour en assurer la confidentialité des renseignements médicaux. Seul du personnel médical des Forces canadiennes ou civil y aura accès.

En attendant le retour du formulaire rempli, le cadet pourrait se voir refuser la participation à certaines activités d'instruction pour des raisons de sécurité.

### Demande d'admission

Lorsqu'ils remplissent le présent formulaire dans le cadre d'une demande d'admission dans les Cadets, les parents sont priés de fournir le plus de précisions possibles sur l'état de santé et la médication de leur enfant.

### Validation annuelle

Lorsqu'ils remplissent le présent formulaire dans le cadre de la validation annuelle, les parents sont priés de répondre à toutes les questions et fournir des précisions, même s'ils l'ont déjà fait.

### Changements à la condition médicale

Lorsqu'ils remplissent le présent formulaire pour signaler des changements à la condition médicale ou médication de leur enfant, les parents sont priés de répondre à toutes les questions et fournir des précisions, même s'ils l'ont déjà fait, et d'identifier clairement toute « NOUVEAUTÉ », « MODIFICATION » et « ANNULATION ».



**Detailed Health Questionnaire  
Canadian Cadet Organizations**

**Questionnaire de santé détaillé  
Organisations de cadets du Canada**

Sections 1 and 2 must be completed by cadet corps/squadron staff		Le personnel du corps ou de l'escadron de cadets doit remplir les sections 1 et 2	
Section 1: Personal Information		Section 1: Renseignements personnels	
Official Surname (Nom de famille officiel)		Given name(s) (nom/nickname) - Prénom(s) (aucun surnom)	
Rank - Grade	Gender - Sexe <input type="checkbox"/> Male - Masculin <input type="checkbox"/> Female - Féminin	Date of birth (yyyy-mm-dd) - Date de naissance (aaaa-mm-jj)	
Section 2: Cadet Corps/Squadron Information		Section 2: Renseignements sur le corps ou l'escadron de cadets	
No. - N°	Name - Nom	Province	Element - Élément
613	RCACC Fonthill	ON	<input type="checkbox"/> Sea - Marine <input checked="" type="checkbox"/> Army - Armée <input type="checkbox"/> Air
Sections 3 and 4 must be completed by the cadet's parents		Les parents du cadet doivent remplir les sections 3 et 4	
NOTE TO PARENTS. For your child's health and safety, we ask that you disclose his/her medical conditions and concerns so that we may assess the risks involved in participating in various training and activities.		AVIS AUX PARENTS. Pour protéger la santé et la sécurité de votre enfant, nous vous prions de divulguer ses conditions et risques médicaux pour nous permettre d'évaluer les risques inhérents à sa participation aux différents cours et activités.	
Section 3: Health Information		Section 3: Renseignements de santé	
1. Does the cadet have any life-threatening allergies (e.g. food, insect bites, medication, latex)?		Yes Oui	No Non
		<input type="checkbox"/>	<input type="checkbox"/>
If the answer is "Yes", please list them - Si la réponse est «Oui», prière de les énumérer		1. Est-ce que le cadet a des allergies potentiellement mortelles (p. ex. à des aliments, des piqûres d'insectes, des médicaments, au latex)?	
2. Does the cadet take any medication, prescribed or otherwise?		Yes Oui	No Non
		<input type="checkbox"/>	<input type="checkbox"/>
If the answer is "Yes", please provide details (name, dosage, reason, etc.) Si la réponse est «Oui», prière de fournir des précisions (nom, posologie, raison, etc.)		2. Est-ce que le cadet prend des médicaments, sur ordonnance ou autres?	
3. Does the cadet have any condition which, in some situations, would require that he/she be seen by a physician within 20 to 30 minutes?		Yes Oui	No Non
		<input type="checkbox"/>	<input type="checkbox"/>
If the answer is "Yes", please provide details Si la réponse est «Oui», prière de fournir des précisions		3. Est-ce que le cadet a une quelconque condition pouvant exiger, dans certains cas, qu'il soit vu par un médecin dans les 20 à 30 minutes suivantes?	



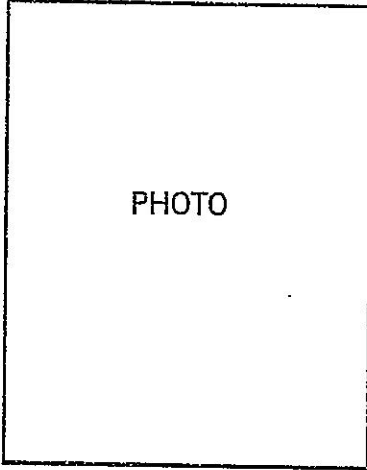
Official Surname - Nom de famille officiel		Given name(s) (no nickname) - Prénom(s) (aucun surnom)		Date of Birth - Date de naissance
<p>4. Is the cadet being treated or managed by medical professional for any of the following:</p> <p>a. lung disease, chronic cough, wheezing or asthma?</p> <p>b. heart problems?</p> <p>c. seizure disorders, fits, convulsions or epilepsy?</p> <p>d. diabetes?</p> <p>e. foot problems, arthritis or other joint problems?</p> <p>f. attention deficit?</p> <p>g. learning disability?</p> <p>h. depression, anxiety or violence?</p> <p>i. other mental illnesses or disorders?</p>		<p>Yes Oui</p> <p>No Non</p>	<p>4. Est-ce que le cadet est actuellement traité ou suivi par un professionnel de la santé pour l'une ou l'autre des conditions suivantes :</p> <p>a. des troubles respiratoires, une toux chronique, un sifflement ou l'asthme?</p> <p>b. des troubles cardiaques?</p> <p>c. des troubles épileptiques, des crises, des convulsions ou l'épilepsie?</p> <p>d. le diabète?</p> <p>e. des affections au pied, de l'arthrite ou autres affections des articulations?</p> <p>f. un déficit d'attention?</p> <p>g. une difficulté d'apprentissage?</p> <p>h. une dépression, l'anxiété, la violence?</p> <p>i. d'autres maladies ou troubles mentaux?</p>	
<p>If the answer is "Yes", please provide details (type, frequency, severity, etc.) Si la réponse est «Oui», prière de fournir des précisions (type, fréquence, degré, etc.)</p>				
<p>5. Does the cadet have any other medical condition or concern?</p>		<p>Yes Oui</p> <p>No Non</p>	<p>5. Est-ce que le cadet a d'autres conditions ou risques médicaux?</p>	
<p>If the answer is "Yes", please provide details - Si la réponse est «Oui», prière de fournir des précisions</p>				
Section 4: Certification			Section 4: Attestation	
<p>I, the undersigned:</p> <ul style="list-style-type: none"> <li>- hereby certify that the information on this form is complete, accurate and valid to the best of my knowledge;</li> <li>- hereby acknowledge that I am required to notify the cadet corps/squadron's commanding officer without delay if changes to my child's medical condition render any of the information provided on this form incomplete, inaccurate or invalid.</li> </ul>			<p>Je, le soussigné :</p> <ul style="list-style-type: none"> <li>- atteste par la présente que les renseignements inscrits sur le présent formulaire sont complets, exacts et valides au meilleur de ma connaissance;</li> <li>- reconnait par la présente que je suis tenu d'informer le commandant du corps ou de l'escadron de cadets dans les plus brefs délais si des changements à la condition médicale de mon enfant rendent les renseignements fournis sur le présent formulaire incomplets, inexacts ou invalides.</li> </ul>	
Name - Nom		Signature		Date (yyaa-mm-dj)



# Anaphylaxis Emergency Plan:

(name) \_\_\_\_\_

**This person has a potentially life-threatening allergy (anaphylaxis) to:**



(Check the appropriate boxes.)

Food(s): \_\_\_\_\_  
 \_\_\_\_\_

Insect stings

Other: \_\_\_\_\_

**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

**Dosage:**

EpiPen® Jr. 0.15 mg     EpiPen® 0.30 mg

**Location of Auto-Injector(s):** \_\_\_\_\_

**Previous anaphylactic reaction:** Person is at greater risk.

**Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

**A person having an anaphylactic reaction might have ANY of these signs and symptoms:**

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

*Early recognition of symptoms and immediate treatment could save a person's life.*

**Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.**

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. Call emergency contact person (e.g. parent, guardian).

Emergency Contact Information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

*The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.*

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature  On file

\_\_\_\_\_  
Date



August 2016

## PARTICIPATION BY A CADET WITH A FOOD SENSITIVITY

### INSTRUCTIONS

#### DEFINITIONS

In this document, the word "parent" refers to all individuals who hold parental authority over the cadet.

#### COMPLETING THIS FORM

If the cadet has not reached the legal age of consent, this form must be completed by his/her parents.

This form may be completed electronically and then printed or printed and then completed by hand, clearly, in block letters.

Until this form is fully completed and provided to the cadet's supervisor at the cadet's corps/squadron, the cadet may not be authorized to participate in cadet training and activities during which meals are consumed.

### IMPORTANT NOTICE

#### CADETS WITH FOOD SENSITIVITIES

Health Canada's definition of food sensitivities includes food intolerances, food-related chemical sensitivities, and food allergies.

Results of a recent medical condition review conducted by Canadian Armed Forces medical personnel have revealed that the below-named cadet suffers from a food sensitivity. The purpose of this document is to provide the cadet and his/her parents with information regarding food sensitivities and meal conditions during cadet training and activities. This information allows an informed decision to be made about participation in cadet training and activities where meals are provided. If the named cadet and/or his/her parent is unsure of the type of food sensitivity the cadet may have, the cadet's physician must be consulted before signing this form.

Please read the following carefully:

**Food intolerances** tend to originate in the gastrointestinal system and can present with symptoms such as intestinal gas, abdominal pain or diarrhea. However, they do not involve the immune system like food allergies do. Instead, they are usually caused by an inability to digest or absorb certain components of foods. For example, individuals who are lactose intolerant lack an enzyme called lactase, which is needed to digest lactose (a naturally occurring sugar in milk.) It is important to note that this is very different from a milk allergy, which is a food allergy involving the immune system as a result of the protein in cow's milk.

**Chemical sensitivities** vary in presentation and happen when a person has an adverse reaction to a chemical that naturally occurs in food or is added to it. For instance, caffeine in coffee, or the popular flavor enhancer monosodium glutamate (MSG) can cause an adverse reaction in some individuals.

**Food allergies** are caused by a reaction of the body's immune system to certain foods, and can range in severity and presentation. These types of allergies can behave unpredictably at times, and the individual may have a mild reaction one time and a severe one the next or vice versa. Despite the severity of the allergy, all cadets with food allergies should know to watch for any of the following signs and symptoms of an allergic reaction and to seek help immediately if any are encountered: Trouble breathing, speaking or swallowing; rapid heartbeat or loss of consciousness; flushed face, hives, rash, or red and itchy skin; swelling of the eyes, face, lips, throat and/or tongue; anxiousness, distress, faintness, paleness, weakness; or cramps, diarrhea or vomiting.

**Life-threatening food allergies**, also known as anaphylactic food allergies, are the most dangerous form of food allergy given they can be rapid in onset, and may cause death. There are certain factors that increase the risk of having a very severe anaphylactic reaction such as: having both asthma and an anaphylactic allergy, under-utilization and delay in the use of epinephrine auto-injectors, underlying cardiac disease, previous history of an anaphylactic episode, or age (years 0-19).

In general, avoidance of the food allergen is the first step in reducing your risk of a reaction regardless of the severity of the food intolerance, sensitivity, or allergy.

In addition, Canadian guidelines recommend that you reduce your risk of having a **severe food-related allergic reaction** by: avoiding the allergic food substance, wearing medical identification such as a Medic-Alert bracelet, carrying an epinephrine auto-injector at all times, receiving instruction on a regular basis from your usual health care provider on when and how to use the epinephrine auto-injector, and having an anaphylaxis emergency plan.

It is important for the cadet and his/her parents to be aware that the Canadian Armed Forces (CAF) is not equipped nor staffed to offer allergen-free foods or food preparation conditions for those with food sensitivities. These limitations apply to meals and snacks prepared just as much by the CAF as by a caterer, civilian volunteers or parents, and for all types of cadet training and activities conducted throughout the year, whether conducted locally or away. The CAF is concerned that for those cadets with food sensitivities, it may not always be safe to participate in cadet training and activities during which meals are consumed.

At Section 2, parents of a cadet with a food sensitivity are required to indicate if they consent to their child participating in cadet training and activities during which meals are consumed. If the cadet has an anaphylactic food allergy and consent is given for him/her to participate in cadet training and activities, the attached Anaphylaxis Consent form and Anaphylaxis Emergency Plan must be fully completed and signed. Please note that the Anaphylaxis Emergency Plan must be completed and signed by the cadet's physician. In addition, cadets with anaphylactic food allergies must come equipped with at least 2 epinephrine auto-injectors, and they must know when and how to use them. We also recommend that cadets with a food allergy wear medical identification such as a Medic-Alert bracelet.

We take cadets safety seriously. If a cadet experiences an allergic food reaction as a result of food exposure during a cadet activity, the cadet will be returned to his/her parents' care after their medical needs have been addressed.

If the cadet or his/her parents have any questions related to the participation by a cadet with a food sensitivities, the cadet corps or squadron commanding officer should be contacted.

**ANAPHYLAXIS CONSENT FORM**  
**for the Canadian Cadet Organizations**

Cadet's Name: \_\_\_\_\_

Cadet's Date of Birth (year/month/day): \_\_\_\_\_

**1. Administration of Medication**

In the event that \_\_\_\_\_ experiences an anaphylactic medical emergency  
(Name of cadet)  
 and is unable to self-administer his/her epinephrine, I consent to the administration of an epinephrine auto-injector, as per the attached *Anaphylaxis Emergency Plan*, by members of the Canadian Armed Forces (CAF) or persons engaged to support Canadian Cadet Organizations (CCO) authorized activities.

Name of Parent / Guardian \_\_\_\_\_  
 Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Cadet \_\_\_\_\_ Date: \_\_\_\_\_  
 (if legal age of consent has been reached)

**2. Maintenance of epinephrine auto-injector**

I understand it is the responsibility of \_\_\_\_\_ to bring at least 2  
(Name of cadet)  
 epinephrine auto-injectors to all authorized activities and must know when and how to use them. One epinephrine auto-injector is to be carried on his/her person at all times. The second will serve as a back-up, and is to be kept by the cadet's supervisor during the authorized activity. At the end of the activity the epinephrine auto-injector will be returned to the cadet.

Name of Parent / Guardian \_\_\_\_\_  
 Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Cadet \_\_\_\_\_ Date: \_\_\_\_\_  
 (if legal age of consent has been reached)

**3. Collection, Use and Disclosure Personal Information**

The personal information in this consent form and the related Anaphylaxis Emergency Plan is collected in accordance with the *Privacy Act (PA)*, under the authority of the *National Defence Act* and the *Queen's Regulations and Orders for the Cadet Organizations*. The information you provide will be used by members of the CAF or persons engaged to support CCO authorized activities, only for the purpose of using and administering an epinephrine auto-injector if required by the cadet named herein during any CCO authorized activity. The information you provide is protected under the PA and is described in the Personal Information Bank DND PPU 839. Be assured that your personal information will not be used for any unauthorized purposes. To obtain more information, please consult Info Source at [www.infosource.gc.ca](http://www.infosource.gc.ca).

I hereby consent to the disclosure and use of the personal information contained herein and the *Anaphylaxis Emergency Plan* by members of the CAF or persons engaged to support CCO authorized activities who may need the information in the performance of their duties to ensure the cadet's safety.

Name of Parent / Guardian \_\_\_\_\_  
 Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Cadet \_\_\_\_\_ Date: \_\_\_\_\_  
 (if legal age of consent has been reached)

SECTION 1: CADET PERSONAL INFORMATION		SECTION 1: RENSEIGNEMENTS PERSONNELS SUR LE CADET	
Official Surname - Nom de famille officiel		Official Given name(s) - Prénom(s) officiel(s)	
Rank - Grade	Gender - Sexe <input type="checkbox"/> Male - Masculin <input type="checkbox"/> Female - Féminin	Date of Birth (yyyy-mm-dd) - Date de naissance (aaaa-mm-jj)	
Civic Address (No and Street Name) - Adresse municipale (no et nom de rue)			
City or Town - Ville ou village		Prov / Terr	Postal Code - Code postal
SECTION 2: CONSENT		SECTION 2: CONSENTEMENT	
Do you consent to the above-named cadet participating in training and activities during which he/she will have a meal under the conditions described under the heading "Cadets with Food Sensitivities"?		Yes Out <input type="checkbox"/>	No Non <input type="checkbox"/>
		Consentez-vous à ce que le cadet susnommé participe à l'entraînement et aux activités durant lesquels il/elle prendra un repas dans les conditions décrites à la rubrique « Le cadet atteint sensibilisation alimentaires »?	
Parent's Name - Nom du parent		Signature - Signature	Date - Date
SECTION 3: FORM VALIDATION		SECTION 3: VALIDATION DU FORMULAIRE	
<input checked="" type="checkbox"/> Form properly completed Formulaire rempli en bonne et due forme	<input checked="" type="checkbox"/> Answer entered in Fortress Réponse saisie dans Forteresse		
Admin O signature - Signature de l'O admin			Date - Date