

AUSTRALIAN ARMY CADETS NEXT-OF-KIN DETAILS AND HEALTH/ MEDICAL STATEMENT

Part 1 must be completed before each activity

(PLEASE PRINT DETAILS – STRIKE OUT OR RING ANSWERS AS REQUIRED)

PART 1 – NEXT-OF-KIN AND CONTACT DETAILS

Cadet	ACS	Volun- teer
(tick one only)		

Rank.....SurnameGiven Names.....Unit.....

ACTIVITY DETAILS	
Camp/Bivouac/Course/ Other	
Location of activity	
Dates of activity	

MEMBER DETAILS							
Rank		Surname		Given name/s			
Cdt No or PMKeys		Date of birth		Gender	M	F	
Blood group (if known)							
Home address	Number	Street name	Suburb	State	Post code		

MEMBER'S MEDICAL CONTACT DETAILS			
MEDICARE Number		Position on card	
Private health provider e.g. MBF, HCF, etc	Membership number		
Health care card or disability card	<i>Attach photocopy of card to this form, if applicable</i>		
Name/address/telephone no. of own doctor/ GP or medical centre			

Name of ambulance fund (if appropriate)	Membership no. in ambulance fund (if appropriate)
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NEXT OF KIN DETAILS – FOR SPEEDY NOTIFICATION IN THE EVENT OF AN EMERGENCY							
Surname		Given names		Relationship			
Telephone	Home	Work	Mobile				
Home address	Number	Street name	Suburb	State	Post code		

ADDRESS OF NEXT OF KIN DURING THE PERIOD OF THE ACTIVITY					
Will you be away from your home address during the period of the activity?	YES	NO	If yes, please state period of absence		
Holiday address (if applicable)	Number	Street name	Suburb	State	Post code
Telephone at holiday address					

ALTERNATIVE EMERGENCY CONTACT – IF WE ARE UNABLE TO CONTACT YOU IN AN EMERGENCY							
Surname		Given names		Relationship			
Telephone	Home	Work	Mobile				
Home address	Number	Street name	Suburb	State	Post code		

MEDICAL-IN-CONFIDENCE (after first entry)

AUSTRALIAN ARMY CADETS NEXT-OF-KIN DETAILS

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PART 1 – NEXT-OF-KIN AND CONTACT DETAILS (continued)

NOTES (Please read carefully before signing this form)

1. In this form, 'AAC' means the Australian Army Cadets".
2. 'Member' means an Australian Army Cadet, or an Army Cadet Staff (ACS) adult member, or an adult volunteer.
3. All members over 18 years of age complete the form on their own behalf.
4. A Part 1 Next-of-Kin form must be completed before a member is allowed to attend a Camp, Course, Army-conducted or AAC-conducted activity.
5. Part 2 Health/Medical Statement is NOT required for all activities. It is only required to be completed before an activity if there has been a change in medical/health status since enrolment, or since the last time a health/medical statement was completed after enrolment in the AAC.
6. "Change in medical/health status" includes a change in medical conditions or injuries, or new tablets or medicines, or new or changed Action Management Plans.
7. The details on these forms are needed to assist timely and correct medical/health treatment if needed, and to ensure that next of kin or alternative contacts can be contacted quickly in an emergency.
8. Information contained in this record will be attached to course documentation during authorised AAC activities. It will be available during the activity to supporting Medical and AAC HQ Staff.
9. Failure to declare a particular known physical disability could result in the invalidating of any compensation claim under the *Safety, Rehabilitation and Compensation Act 1988* (Cth).
10. An **Action Management Plan** (AMP) is required for all diagnosed health conditions. This includes conditions where members are on regular or ongoing medication. Please ensure that an AMP is completed for the member for each condition. A copy of the AMP template to be used is attached to this form.
11. If for any reason the details above alter, please contact the Unit OC/CO and request a new form for completion and submission.

PRIVACY STATEMENT

The Australian Army Cadets respects your privacy.

The information collected on this form is for the purpose of providing you/your child/your ward with the necessary care whilst on a Cadet activity and to ensure that next of kin can be contacted quickly in an emergency.

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 express permission except as required by law.

SIGNATURE

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT

Signature of parent or guardian (for cadets under 18 years); or	Date		
Signature of cadet over 18 years; or of ACS or adult volunteer	Date		
Name of person signing			

Rank.....SurnameGiven Names.....Unit.....

AUSTRALIAN ARMY CADETS

PART 2 – HEALTH/ MEDICAL STATEMENT (continued)

MEMBER DETAILS			
Rank		Surname	Given name/s

TABLETS OR MEDICINES					
Is the member presently on any tablets or medicines? Members are to provide all medicines as these are not the responsibility of the AAC. All medicines taken to the activity must be declared. Yes No					
If yes, please state the name and dosage of all medicines and the reason for their use. This includes Prescription Medicines, Pharmacist Only Medicines, and over-the-counter medicines. If not enough space, please attach a separate sheet.					
Name of medicine	Dosage (e.g. 5 mg)	Dose per day	Administration times		Are there any side effects or reactions to this medication? If so, please state the effect or reaction
			AM	PM	

ANALGESICS (PAIN RELIEF MEDICATION)		
Is the member permitted to take analgesics (e.g. pain relief such as Panadol, Nurofen, Ibuprofen, etc) for headaches, period pain or other pain? Members are to provide all analgesics as these are not the responsibility of the AAC. All analgesics (pain relief medication) taken to the activity must be declared. Yes No		
If yes, please state the name of the analgesic		
Name of analgesic (pain relief) product	Dosage	Reason for use (if applicable)

ACTION MANAGEMENT PLANS FOR THE MEMBER
An Action Management Plan (AMP) is required for <u>all</u> diagnosed health conditions. A copy of the AMP template is attached to this form for guidance. If you have already submitted an AMP for a particular condition, you do not need to submit another. However if the AMP has changed, or is new since the last time you completed a health/medical statement, please attach the new or changed AMP to this form.

SIGNATURE			
Signature of parent or guardian (for cadets under 18 years); or		Date	
Signature of cadet over 18 years; or of ACS or adult volunteer		Date	
Name of person signing			

Rank.....Surname.....Given Names.....Unit.....

