

RAF Air Cadets Cadet Health Declaration Form

Information for parents/guardians

It is extremely important that the RAF Air Cadets has a detailed understanding of your child's medical conditions including information relating to allergies and special dietary requirements. This information is used to help us plan our authorised events and activities and ensure that your child is catered for appropriately.

It is important that parents/guardians understand that some severe medical conditions may prevent your child from taking part in some events or activities. The unit Officer Commanding may wish to speak to you about any conditions declared on this form to seek further information and clarification as appropriate. Our goal is to ensure your child's safe participation in as many events and activities as possible.

Section 1 – Cadet Details

We will add your child's contact details to the Cadet Forces Management Information System (MIS) which is used to manage their membership in the RAF Air Cadets and act as their central record.

Full Name of Child		Date of Birth	/	/
---------------------------	--	----------------------	---	---

Section 2 – Cadet Medical Information

Please declare any medical conditions which may have a substantial and/or long-term effect on your child's ability to carry out normal day-to-day activities (please tick all that apply):

Conditions	<input type="checkbox"/> Asthma	<input type="checkbox"/> Back injury	<input type="checkbox"/> Concentration problems	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Eyesight	<input type="checkbox"/> Fractures	<input type="checkbox"/> Hearing
	<input type="checkbox"/> Inability to move everyday objects	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Learning difficulties ¹	<input type="checkbox"/> Manual dexterity
	<input type="checkbox"/> Memory	<input type="checkbox"/> Migraine	<input type="checkbox"/> Mobility problems	<input type="checkbox"/> Physical coordination
	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Speech	<input type="checkbox"/> Mental health	<input type="checkbox"/> Other

To assist us in the care of your child, we need to understand how the conditions you have identified above will impact your child including the severity of impact.

¹ Learning disabilities could include (but not limited to): Dyscalculia, Dysgraphia, Dyslexia, ADHD, Dyspraxia, Autism, Asperger's, etc.

Section 2a– Education, Health and Care Plan

Does your child have an Education, Health and Care Plan ² ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to provide a copy of the Education, Health and Care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--

² Sharing your child's Education, Health and Care Plan with the RAF Air Cadets will help us to better understand their needs and ensure the correct support can be provided.

Section 2b – Condition 1

Name of Condition		Severity of Condition	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Further Details	Have you sought advice from a healthcare professional about your child's condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Please explain how your child is affected by the condition during normal routine activities:		
	Please explain how your child is affected by the condition during strenuous activities:		
Medication	Is your child able to control their condition without the need for further intervention?		
	Name of Medication	Dosage & Frequency	Storage Requirements

Section 2c – Condition 2

Name of Condition		Severity of Condition	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Further Details	Have you sought advice from a healthcare professional about your child's condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Please explain how your child is affected by the condition during normal routine activities:		
	Please explain how your child is affected by the condition during strenuous activities:		
Medication	Is your child able to control their condition without the need for further intervention?		
	Name of Medication	Dosage & Frequency	Storage Requirements

Please complete additional RAF Air Cadets Cadet Health Declaration forms for further conditions as required.

Section 3 – Allergies

Please identify any allergies that your child has, whether an auto injector is used to treat a severe allergic reaction and the level of severity for each allergy.

Details	Allergy (Tick)	Auto injector used?	Severity		
	Animal Skin / Hair <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Dust Mites <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Hay Fever / Pollen <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Household Chemicals <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Insect Bites / Stings <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Lactose <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Latex <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Medicines <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Mould <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Nut <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Penicillin <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Sea food <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Wheat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Other	If you selected 'Other' above, please provide further information:				

Section 4 – Dietary Restrictions

Please identify any dietary restrictions that your child has. Understanding these restrictions will help us to ensure that your child's requirements are catered for when attending RAF Air Cadets events and activities.

Restrictions	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Halal	<input type="checkbox"/> Kosher
	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Other	
Other	If you selected 'Other' above, please provide further information:			

Section 5 – Declaration

I fully understand that RAF Air Cadets events and activities may be strenuous and conducted in environmental conditions such as dust, fumes, extremes of temperature and altitudes that may aggravate my child's condition(s). I confirm that I have consulted a healthcare professional if there is any doubt regarding my child's suitability for the event or activity or my child's fitness / ability to take part. Should there be any change in my child's condition(s) after signing this declaration, I will inform the officer in charge of the event or activity prior to travelling to the activity.

Cadet below age 16 (at date of Signature)				
Parent/Guardian Signature	Forename		Surname	
	Signature		Date	/ /
Cadet aged 16 or above (at date of Signature)				
Cadet Signature	Forename		Surname	
	Signature		Date	/ /

Data Protection Act 2018 and EU GDPR

This form contains personal data as defined by the Data Protection Act 2018 and EU GDPR. The RAFAC will protect the personal data provided and ensure that it is not passed to anyone who is not authorised to see it. The information provided will be processed in accordance with the regulations contained in the Act and the RAFAC privacy notice which is available at the links below:

[RAFAC Information Management Directive](#)

[RAF Air Cadets Privacy Notice - Cadets](#)