

PARTICIPATION BY A CADET WITH NON-FOOD RELATED ANAPHYLAXIS

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 NON-FOOD RELATED ANAPHYLAXIS

Anaphylaxis is defined as a serious allergic reaction that can be rapid in onset and may cause death. Results of a recent medical condition review conducted by Canadian Armed Forces medical personnel have revealed that the below-named cadet suffers from non-food related anaphylaxis. Non-food related anaphylaxis is referring to anaphylaxis triggered by an allergen other than food. For simplicity purposes, this document will refer to **non-food related anaphylaxis** as **anaphylaxis** from here on. The purpose of this document is to provide the cadet and his/her parents with information regarding anaphylaxis. This information allows an informed decision to be made about participation in cadet training and activities where exposure to allergens can occur. If the named cadet or his/her parent is unsure of the type of allergic reaction the cadet may have, the cadet’s physician must be consulted before signing this form. If the cadet also suffers from food-related anaphylaxis, please read and sign the “Participation by Cadet with Food-Related Anaphylaxis” document as well.

Please read the following carefully:

Anaphylactic reactions are caused by a severe response of the body’s immune system to certain allergens found in the environment. Non-food related allergens can include insect stings, medications, latex, and exercise in some rare cases. All cadets with anaphylaxis should know to watch for any of the following signs and symptoms of a severe 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.

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).

For those at risk of anaphylaxis, Canadian guidelines recommend that you reduce your risk of having **a severe allergic reaction** by: avoiding the allergic 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 exposure to certain allergens, such as insect stings or latex, can occur during cadet training and activities. The Canadian Armed Forces (CAF) is not equipped nor staffed to offer an allergen-free environment. These limitations apply to exposure during cadet training and activities conducted throughout the year, whether conducted locally or away. The CAF is concerned that for those cadets with anaphylaxis, it may not always be safe to participate in cadet training and activities during which exposure is a risk.

At Section 2, parents of a cadet with anaphylaxis are required to indicate if they consent to their child participating in cadet training and activities during which exposure may occur. If the cadet has an anaphylactic 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 anaphylaxis must come equipped with at least 2 epinephrine auto-injectors, and they must know when and how to use them. We also recommend that the cadet wear a medical identification such as a Medic-Alert bracelet.

We are aware that medication-related anaphylactic allergies are easier to avoid than those related to insect stings for instance; As a result, cadets who only have medication-related anaphylaxis do not need to bring 2 epinephrine auto-injectors. However, they do need to sign parts 1 and 3 of the “Anaphylaxis Consent Form for the Cadet Organization” and the “Anaphylaxis Emergency Plan” must be completed and signed by the cadet’s physician. We also recommend that the cadet wear a medical identification such as a Medic-Alert bracelet.

We take cadets safety seriously. If a cadet experiences an anaphylactic reaction as a result of exposure to an allergen 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 anaphylaxis, the cadet corps or squadron commanding officer should be contacted.

Consent risk of non-food anaphylaxis

| SECTION 1: CADET PERSONAL INFORMATION | | SECTION 1 : RENSEIGNEMENTS PERSONNELS SUR LE CADET | | | |
|---|---|--|---------------------------|-----------|---|
| Surname – Nom de famille | | Given name(s) – Prénom(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 (n° 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 Non-Food Related Anaphylaxis” | | <table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">Yes Oui</td> <td style="padding: 2px;">No Non</td> </tr> </table> <input type="checkbox"/> <input type="checkbox"/> | Yes Oui | No Non | Consentez-vous à ce que le cadet susnommé participe aux cours et activités au cours desquels il/elle prendra un repas dans les conditions décrites à la rubrique « Cadets ayant un risque d’anaphylaxie non alimentaire » |
| Yes Oui | No Non | | | | |
| _____ Parent's Name – Nom du parent | | _____ Signature – Signature | _____ Date – Date | | |
| FOR CADET CORPS/SQUADRON USE ONLY | | RÉSERVÉE AU CORPS OU À L'ESCADRON DE CADETS | | | |
| SECTION 3: FORM VALIDATION | | SECTION 3 : VALIDATION DU FORMULAIRE | | | |
| <input checked="" type="checkbox"/> Form completed <input type="checkbox"/> Formulaire rempli | | <input checked="" type="checkbox"/> information entered in Fortress <input type="checkbox"/> Information saisie dans Forteresse | | | |
| _____ Admin O signature – Signature de l'O admin | | _____ Date – Date | | | |