

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.

| 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 (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 Food Sensitivities"? | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <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 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 »? | |
| 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 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 | | | | |