



# AUSTRALIAN AIR FORCE CADETS

## No.323 SQUADRON – “CITY OF BLUE MOUNTAINS”



### PRE – EXISTING INJURIES

Cadet Name:

Cadet Number:

Briefly describe the injury:

How long has this been a problem?:

Current treatment e.g. support bandage, regular pain relief?:

When was it last treated by a doctor?:

### AUTHORITY TO GIVE PARACETAMOL IF REQUIRED

Cadet Name:

Cadet Number:

Medication Name:

Number of Tablets:

**Parent / Guardian Name:**

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**Parent / Guardian Signature:**

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**Date:**

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### OTHER MEDICATION INSTRUCTIONS

Cadet Name:

Cadet Number:

**Medication Name #1:**

Times to be given:

How Much / # of Tablets:

**Medication Name #2:**

Times to be given:

How Much / # of Tablets:

**Medication Name #3:**

Times to be given:

How Much / # of Tablets:

**Parent / Guardian Name:**

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**Parent / Guardian Signature:**

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**Date:**

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