

IMPORTANT INFORMATION

FOR CADETS AND THEIR PARENTS AND GUARDIANS

JUNIOR AIR CADET SURVIVAL FIELD TRAINING WEEKEND

29-31 May 2026

Please read these instructions carefully. If you have any questions, ask your commanding officer or local staff.

What is this activity?	Air cadets will learn outdoor survival skills. They will learn things like: <ul style="list-style-type: none">• Basic survival skills• Improvised shelters• Fire starting and control Senior cadets will also develop their leadership skills.
When and where will it take place?	This exercise will be held in Goans Orchard, which is on Base Gagetown in Oromocto, N.B. It starts Friday May 29 th and ends Sunday May 31 st .
Do I have to stay the whole weekend?	Yes. You need to stay for the whole activity. If you can't stay for the whole activity, let your commanding officer know. You may not be allowed to go unless you can be there the whole time.
How will I get there?	For cadets from corps that train in Fredericton, Oromocto and Minto , your parents or guardians will drop you off and pick you up at the Lindsay Valley Lodge . Drop off is at 7:00 pm on Friday. Pick-up is at 3:30 pm on Sunday. All other cadets , you will get free transportation to and from the activity. Your unit staff will tell you the exact times and places for pick-up and drop-off.
Are there any special requirements to be able to attend?	Yes. All cadets must have: <ul style="list-style-type: none">• A health form that is up to date• A Detailed Health Questionnaire (if needed)• Their annual check-in completed Your local staff will make sure you have everything done before you go. If this isn't done before you arrive at the activity, you will be sent home. Please check with your unit staff to avoid issues.
What should I wear?	You can wear Field Training Uniform : <ul style="list-style-type: none">• Olive green pants

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- Olive green button-up shirt (“tunic”)
 - Blue green t-shirt
 - Headdress
 - Field training boots

You also may need **warm clothes** for the evenings like:

- Your cadet gloves or other warm gloves
- Your cadet toque or another warm hat
- Your cadet parka or another warm jacket

And since this is a full weekend activity, you’ll need changes of clothes, like fresh t-shirts, socks and underwear.

If the weather is expected to be wet then bring a rain jacket.

If you don’t have a Field Training Uniform, wear your own clothes that are safe and comfortable.

There’s a full packing list in Annex B.

I have **medication**. If you have over-the-counter medicine, or medicine prescribed by a doctor, you need to fill out and bring a [Medication Form](#).

How much does this cost? This activity is **free**—you don’t need to bring any money.

What will I eat? You will get **free meals** during the activity. Including during travel over mealtimes.

The food will come from Base Gagetown and will be **healthy and filling** and youth-friendly. You’ll also get morning and afternoon snacks, (like granola bars, juice boxes or hot chocolate).

I have dietary needs. Before signing you up, your local staff should have checked if you need **special meals**— for allergies, religion, or other reasons. If they didn’t, you or your parent/guardian should email the NB/PE Area Office **as soon as possible**, and **no later than 7 days before the activity**: atl.nb.pe.area.office@cadets.gc.ca
Please include the activity name and date in subject line.

Should I bring my **cell phone**? You don’t need a cell phone or any other electronic devices for this activity.

What will happen if I **misbehave**? All cadets have signed a **Cadet Code of Conduct** at their corps. This means you know the rules and how to behave. If you break the rules, we will use our policy on Conduct and Performance Interventions.

If the problem is serious, you may have to go home early.

I have more questions. Who should I talk to?

If you still have questions after reading this information, talk to your **commanding officer**. They can help you.

Who can my parents call if there's an **emergency**?

Your commanding officer can provide you with contact information for the Officer in Charge of the activity you'll be attending. If something happens during the activity and your parents need to talk to someone, they can call the Officer in Charge.

Officer in Charge: Captain Leigh Cameron

Phone Number: 506-566-2830

Annex A

ACTIVITY SCHEDULE

Each weekend will be led by different teams, made up at least partly of people from the communities where the cadets are coming from. Because of this, each weekend might look a little different. This schedule should give you a basic idea of how one of these activities might run.

Friday

1900-1930	Arrival and Registration
1930-2000	Quick Welcome, Safety Briefing, Assignments
2000-2200	Site prep and tent set up.
2200	Lights Out (sleeping in barracks)

Saturday

0630-0715	Get up, shower, make your bed
0700-0800	Breakfast
0800-1200	Training Activities (Identifying injuries, and minor first aid)
1200-1300	Lunch
1300-1630	Training Activities (improvised shelters, and water collection)
1630-1730	Supper
1730-2000	Evening Activity
2000-2100	Final Preparations for the night
2100	Head to tents for the night

Sunday

0630-0715	Get up, clear out tents
0730-0830	Breakfast
0830-1000	Training Activities (signal fires, and ground to air signals)
1200-1300	Lunch
1300-1400	Training Activities
1400-1530	Tear Down and Debrief
1530	Head home

PACKING LIST

Essential Items

Packed	Quantity	Item
<input type="checkbox"/>	1	Field Training Uniform (all parts of one complete set, including boots)
<input type="checkbox"/>	1	Extra elemental t-shirt. (black for sea cadets, green for army cadets, blue for air cadets)
<input type="checkbox"/>	2	Changes of clothes. (Non-uniform shirt, pants, socks, underwear; 2 sets.)
<input type="checkbox"/>	1	Outdoor jacket. (Your Cadet Parka if you have one, or another warm jacket.)
<input type="checkbox"/>	1	Hoodie
<input type="checkbox"/>	1	Pyjamas
<input type="checkbox"/>	1	Toiletries kit (towel, face cloth, deodorant, toothbrush, toothpaste, comb/brush, soap, shampoo, feminine hygiene products)
<input type="checkbox"/>	1	Pair of sneakers
<input type="checkbox"/>	1	Rain gear (jacket and pants)
<input type="checkbox"/>	1	Warm hat (Optional)
<input type="checkbox"/>	1	Warm gloves (pair)
<input type="checkbox"/>	1	Refillable water bottle (with your name on it)
<input type="checkbox"/>	1	Small notepad and pencil
<input type="checkbox"/>	1	Eyeglasses (if required) with safety strap
<input type="checkbox"/>	1	Medications (if required)
<input type="checkbox"/>	1	Medication Administration Form (signed by parent/guardian)

Optional Items

Packed	Quantity	Item
<input type="checkbox"/>	1	Sunglasses (optional)
<input type="checkbox"/>	1	Flashlight or headlamp (optional)
<input type="checkbox"/>	1	Sunscreen (small bottle)
<input type="checkbox"/>	1	Insect repellent (small bottle)
<input type="checkbox"/>	3	Face mask (optional)
<input type="checkbox"/>	1	Hand sanitizer (small bottle)

All training will be conducted outdoors so please dress and pack accordingly. It is recommended that you pack your kit into a small duffle bag or backpack as space for luggage during transport may be limited. Security of personal kit is the personal responsibility of each cadet.

If you happen to forget something at home such as hygiene products, please alert staff as they *may* be able to assist in obtaining these items.

RULES FOR MEDICINE AND STAYING HEALTHY

1. **Feeling Sick? Stay Home!**

- If you feel sick (like having a sore throat, throwing up, or a fever) before the activity, you should stay home. This helps keep everyone safe.

2. **Before Getting on the Bus or Van:**

- Only cadets signed up for the activity can go.
- You'll be asked, "Do you feel okay?"
- Staff will check to see if you look healthy. They'll look for signs like coughing, sneezing, or looking very tired

3. **If You Feel Sick:**

- If you say you don't feel well or look sick, you'll go back to your parent or guardian.
- If you just have allergies or a small headache, you might still be allowed to go.

4. **Getting Sick During the Activity:**

- If you get sick or hurt during the activity, you might go home. If it's serious, you'll go to a hospital.

5. **New Medicine or Health Changes:**

- If you've started a new medicine or had a hospital visit, you need to fill out a health form before the activity. Your commanding officer will help with this.

6. **Bringing Medicine:**

- Bring enough medicine for the whole activity.
- Your parent or guardian must fill out a [Medication Form](#) and give it to the staff with your medicine.
- Medicine must be in the original packaging with your name on it.
- You'll need to show staff that you have your medicine before getting on the bus.

7. **Over-the-Counter Medicine (like Tylenol):**

- Talk to the staff. You might keep it yourself or they might hold onto it for you.

8. **Special Medicine (like an EpiPen or Inhaler):**

- You must bring it with you and carry it at all times and you also need to bring your emergency plan. Staff will check that you have it before and during the activity.

PARENTAL AUTHORIZATION FOR USE OF OVER THE COUNTER AND PRESCRIPTION MEDICATION USE

(Note: this applies to all cadets while on Cadet Activities (ADA/LDA/RDA) and must accompany the cadet for each activity.)

Cadet name (first, last): _____ DOB: _____

Parent/Guardian name: _____

I give consent for _____ (cadet name) to take the following Over the Counter and/or Prescription medication while they are engaged in Cadet Activities.

I am aware that it is the cadets' responsibility to take their medication as it is prescribed. The cadet understands the medication timings/dosing, why they are taking the medication, the need to safeguard the medications, and not share with other cadets or persons.

I am also aware that a supervisor (an adult staff member) will oversee the cadet taking their medication. The supervisor may contact me if they have question regarding my cadet's medication.

You are encouraged to discuss each medication with the Cadet Activity supervisors if you have concerns about your cadets' compliance, or if there may be issues related to the medication.

Medications MUST be in original packaging and not expired with sufficient quantities to last the duration of the activity. Medications that do not fit these criteria will be confiscated and will not be permitted for the cadet to take.

Medication List:

1. Name of Medication: _____

Dosage: _____ Qty: _____

Administration Time/s: _____

Special Comments: _____

2. Name of Medication: _____

Dosage: _____ Qty: _____

Administration Time/s: _____

Special Comments: _____

3. Name of Medication: _____

Dosage: _____ Qty: _____

Administration Time/s: _____

Special Comments: _____

4. Name of Medication: _____

Dosage: _____ Qty: _____

Administration Time/s: _____

Special Comments: _____

5. Name of Medication: _____

Dosage: _____ Qty: _____

Administration Time/s: _____

Special Comments: _____

6. Name of Medication: _____

Dosage: _____ Qty: _____

Administration Time/s: _____

Special Comments: _____

Parental contact information if there are questions on medication (best contact)

Phone: _____ Other: _____

Signature of Cadet: _____ Date _____

Signature of Parent/Guardian: _____ Date _____

Distribution of Completed forms:

1. For return to parent at completion of the Cadet Activity.

MEDICATION SELF MANAGEMENT BY CADET

Cadet Name (first last): _____

Date of Birth: _____

Activity Name: _____ Activity Date: _____

*I acknowledge that I am being allowed to maintain control of my medication while at
_____ (activity name).*

I am aware that it is my responsibility to take my medication as directed (not to miss any doses) and if I miss a dose, I need to inform the Designated Supervisor ASAP.

I am aware that I am responsible to ensure that my medication is secure at all times, where other cadets cannot easily gain access, and that I cannot share it with anyone.

Controlled medications ARE NOT to be included in Annex C Appendix 2. All controlled medication MUST follow the procedures indicated in Annex C Appendix 1.

Failure to meet these conditions may result in disciplinary action or Return to Unit.

Medication List:

1. Name of Medication: _____ Qty: _____

Dose: _____ Frequency: _____

2. Name of Medication: _____ Qty: _____

Dose: _____ Frequency: _____

3. Name of Medication: _____ Qty: _____

Dose: _____ Frequency: _____

(If insufficient room, list other meds on reverse)

Signature of Cadet _____ Date _____

Witness / Parent / Guardian: Signature: _____

Date _____ Name (Print): _____

Distribution of Completed forms:

1. For return to parent at completion of the Cadet Activity.

