

**CONFIDENTIAL WHEN COMPLETED**

**Cadet Activity Medical Information**

Cadet Name: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Are all immunizations up to date?

Does your cadet wear a MEDIC ALERT bracelet or Necklace?

**Over the counter medications**

In the event of a headache, or motion sickness, do the Corps Officers have permission to give you cadet:

- Regular strength TYLENOL (Acetaminophen)
- Ibuprofen/Advil
- GRAVOL

Medication Allergies – (Please provide a list)  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies – (Please provide a list)  
\_\_\_\_\_  
\_\_\_\_\_

Any other special information or needs the Corps Officers or emergency medical personnel need to be aware of, or any current medications you cadet is taking? Please write in any medical conditions (ie. Asthma, seizure disorders).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

Dated \_\_\_\_\_