

ANNEX D TO JOINING INSTRUCTIONS –
CADET NAUTICAL SITES

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 B. All controlled medication MUST follow the procedures indicated in Annex A.

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: _____

4. Name of Medication: _____ Qty: _____

Dose: _____ Frequency: _____

(If insufficient room, list other meds on reverse)

Signature of Cadet _____ Date _____

Signature of Witness/Parent/Guardian _____ Date _____

Name: _____

Distribution of Completed forms:

For return to parent at completion of the Cadet Activity.