

ANNEX C TO JOINING INSTRUCTIONS –  
CADET NAUTICAL SITES

## **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.