

Summer Training Common Forms - Medication Record

Instructions:

Complete this form with as much detail as possible. Once completed, please place in a sealed envelope, and return with all other documents to the CTC.

1. CADET IDENTIFICATION			
Cadet Name: _____	CIN: _____		
Corps/Sqn: _____	Location: _____		
Course: _____	CTC: _____		
Phone Number: _____			
2. MEDICATION IDENTIFICATION			
<i>List each medication, accordingly, following the example provided.</i>			
#	Medication	Physical Description	Dosage
<i>Ex</i>	<i>Lorazepam</i>	<i>Pill, round, white, "15mg"</i>	<i>As needed, 1 per day</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
PRESCRIPTION (S) PROVIDED		Yes	No
3. DECLARATION			
I, _____, understand that I am responsible for managing and taking my medication in accordance with advice and instructions of professional medical personnel.			
_____ Cadet (Signature)		_____ Date	
_____ Parent (Print Name)		_____ Parent Signature	