OTC (OVER THE COUNTER) / PRESCRIBED MEDICATION ADMINISTRATION

(MUST be completed prior to arriving at CTC)

CADET NAME: _____
SURNAME GIVEN NAMES

I, (parent/guardian/physician), give consent for the above named cadet to use over-the-counter (OTC) or prescription medications for known conditions.

I am aware that the supervisor(s) and medical staff will secure medication and make it available to the cadet at the prescribed time and that they will be reasonably available should the cadet have questions or concerns regarding medication.

Medication and quantity brought by the cadet are as follows:

Name of drug _____ Dosage _____ Administration time _____ Total quantity brought _____	Name of drug _____ Dosage _____ Administration time _____ Total quantity brought _____
Name of drug _____ Dosage _____ Administration time _____ Total quantity brought _____	Name of drug _____ Dosage _____ Administration time _____ Total quantity brought _____

Note: The medication needs to be in the original package or (if possible) blister-packed by the pharmacy.

_____ _____ _____
SIGNATURE OF PARENT/GUARDIAN PLEASE PRINT NAME DATE