



MEDICAL CONSENT CANADIAN CADET ORGANIZATIONS



SECTION 1: IDENTIFICATION

Last Name:	First Name:
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SECTION 2: TRAINING OR ACTIVITY DETAILS

Exercise:	Location:
Start Date:	End Date:

SECTION 3: PARENTAL/GUARDIAN MEDICAL CONSENT

Parents/Guardians are requested to initial if they agree or disagree to have the medications listed below administered if necessary by the Commanding Officer (CO) / Officer-In-Charge (OIC) to their son / daughter / ward during the course of the exercise.

MEDICAL DESCRIPTION	INITIALS
TYLENOL 325mg tablets for pain of fever will be administered according to the package directive	Agree _____ Disagree _____
IBUPROPHEN tables for pain relief, muscle pain and reduced fever will be administered according to the package directive	Agree _____ Disagree _____
GRAVOL 50mg tablets for travel nausea will be administered according to the package directive	Agree _____ Disagree _____
DIPHENHYDRAMINE (Benadryl) for symptoms of allergic rhinitis, motion sickness and bites and stings be administered according to the package directive	Agree _____ Disagree _____
ROBITUSSIN DM syrup for cough suppression will be administered according to the package directive	Agree _____ Disagree _____

PRESCRIBED MEDICATION

Medication	Reason	Dosage	Time

ALLERGIES (KNOWN)

SECTION 4: CONSENT AND ACKNOWLEDGEMENT

"I consent to my son/daughter/ward being administered the above medical support from the Commanding Officer (CO) / Officer in Command (OIC) or their designate. I also acknowledge that all the medication and allergies that my son/daughter/ward have listed are correct"

Parent/Guardian Name (print)	Signature	Date
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