



Activity Medical Information

Activity	Flight
Cadet	Home Wing/Unit
Prescription Drugs	
Drug name, dosage and how often	For
Is affected by heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No
If affected by heat, how?	
Side Effects	
Over-the-Counter Drugs	
Drug name, dosage and how often	For
Is affected by heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No
If affected by heat, how?	
Can be taken with prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any reactions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	
Allergic to	
Reaction	
Antidote kit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is kit at activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Consent	
May cadet self medicate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parental Signature and Date
For Activity Use	
Tactical Officer	Barracks
Location of medicine	Activity Medical Officer Signature and Date
Medicine returned to cadet upon departure, if kept by activity <input type="checkbox"/> Yes <input type="checkbox"/> No	Cadet Signature and Date (upon receipt of medicine)

USE ADDITIONAL PAGES AS NEEDED