

**CONFIDENTIAL WHEN COMPLETED**

**Cadet Medical Prescription Information**

Cadet Name: \_\_\_\_\_ Care Card \_\_\_\_\_

Mother Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Doctor \_\_\_\_\_ Doctors Phone \_\_\_\_\_

**Prescription 1** \_\_\_\_\_

**Prescription 1 dosage** \_\_\_\_\_

**Prescription 2** \_\_\_\_\_

**Prescription 2 dosage** \_\_\_\_\_

**Prescription 3** \_\_\_\_\_

**Prescription 3 dosage** \_\_\_\_\_

**Prescription 4** \_\_\_\_\_

**Prescription 4 dosage** \_\_\_\_\_

**Prescription 5** \_\_\_\_\_

**Prescription 5 dosage** \_\_\_\_\_

**Notes**

**None**

	Time Day 1	Time Day 2	Time Day 3	Time Day 4
Prescription 1				
Prescription 2				
Prescription 3				
Prescription 4				
Prescription 5				

**Initial when giving to cadet**

I grant authority to administer the above prescriptions: \_\_\_\_\_

Dated: \_\_\_\_\_