THE NAVY LEAGUE OF CANADA
CADET MEDICAL QUESTIONNAIRE

actiALL INFORMATION GIVEN ON THIS DOCUMENT IS KEPT CONFIDENTIAL

This document must be acknowledged in section 5 by the Parent/Guardian who holds legal parental authority over the cadet.

COMPLETING THIS FORM

This form may be completed electronically, printed and then completed by hand. If it's completed by hand, print in block letters. Until this form is properly completed and handed to the Cadet Administration Officer or designate, cadets shall not be authorized to participate in training and/or activities.

FOOD ALLERGIES

It is important for Parents to be aware that the Navy League of Canada and their Corps do not have the mandate, are not equipped not staffed to offer allergen-free foods or food preparation conditions. These limitations apply to meals and snacks prepared just as much by a caterer, volunteers or parents, and for all types of programmes, courses and activities conducted throughout the year, whether locally or away. The Navy League of Canada is concerned that for those with food allergies, sensitivities and intolerance it may not always be safe to participate in all training and activities.

At Section 5, those with diet restrictions are required to indicate that they are aware of the stipulations mentioned above and still wish to participate in programmes, courses and activities during which meals are consumed.

MEDICATIONS

Parents are to make the Commanding Officer or First Aid Officer aware of any medications that their child may bring and that they may require during extended activities. The medications MUST be in original containers, preferably bubble packs, with the name, drug and dosage clearly labelled. Cadets who require an inhaler or EpiPen will need to carry them at all times in an appropriate fanny pack or other carry case. They should also make the staff aware of any health concerns that may impact their health and safety, or that of others.

Please be advised that while your son/daughter is supervised by Members of the Navy League of Cadet Corps, their care and safety is of primary concern. In the event of an incident/emergency our Members will perform all actions that are deemed necessary at the time, which may include calling for Emergency Services or other professional care in your absence.

If there is a pre-existing medical condition, the Navy League's insurance Underwriter may limit coverage as a result of accident or injury related to that medical condition.

If the Cadet or his/her Parents have any questions related to any topic on this form, the can contact the cadet corps Commanding Officer.

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Section 1 – Cadet Personal Information			
Rank / Surname	Given Name	Middle Name(s)	
Gender ☐ Male ☐ Female	Date of Birth: Day / Month / Year	Corps Number	Corps Name

Section 2 – Cadet Medical Information			
Provincial Hospitalization/Insurance #	Expiry Date	Latest Tetanus Injection: Month	Year

Section 3 - Parent / Guardian Information	
1. Name of Primary Parent / Guardian (required)	Home Phone #
Relationship to Cadet	Cell Phone #
2. Name of Other Parent / Guardian (optional)	Home Phone #
Relationship to Cadet	Cell Phone #

Section 4 – Emergency Contact Information	
Emergency Contact Name (Must be different from Section 3)	Home Phone #
Relationship to Cadet	Cell Phone #

Section 5 – Parental Acknowledgement and Consent	
If there are any restrictions in any of the Appendixes, do you consent to the above named cadet participating in training and activities in which your child will have a meal under the conditions described on page 1 under the heading 'Cadets and Food Allergies'?	☐ Yes ☐ No

I certify that the information on this form is complete, accurate and valid to the best of my knowledge. I acknowledge that I am required to notify the cadet corps Commanding Officer immediately if changes to the above named cadet's medical condition render any of the information collected on this form incomplete, inaccurate or invalid.

Signature of Parent / Guardian	Date
x	

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Appendix A

Part 1 - Medical Conditions

The following information is requested to assist the Navy League Cadet Corps in determining the capabilities of the above-mentioned Cadet to participate in certain aspects of the Training Program which including marching on hard surface, swimming, and other strenuous activities. This information will also be valuable in alerting the Corps Staff in any potential medical or physical problems which might require some attention when the cadet is undergoing training.

Please indicate either **"YES"** or **"NO"** for each question as it applies to your cadet concerning their medical history.

	YES	NO		YES	NO
Nervous trouble or mental health issues	☐	☐	Skin conditions requiring treatment	☐	☐
Anxiety / ADD / ADHD	☐	☐	Nose, throat, eye, or ear trouble	☐	☐
Learning disabilities (eg Dyslexia)	☐	☐	Vision problems or Colour blindness	☐	☐
Heart problems, disease, defect	☐	☐	Hernia	☐	☐
Respiratory problems, shortness of breath	☐	☐	Hearing loss or impairment	☐	☐
Asthma, Bronchitis, Pneumonia	☐	☐	Rheumatism or Arthritis	☐	☐
Head injury, concussion, or stroke	☐	☐	Back, neck or joint pain	☐	☐
Convulsions or seizures	☐	☐	Foot trouble	☐	☐
Dizzy, fainting spells or headaches	☐	☐	Broken bones (past or current)	☐	☐
Diabetes	☐	☐	Previous surgeries (provide details)	☐	☐
Allergies (provide details/ reaction / treatment	☐	☐	Speech impediments (stuttering, etc)	☐	☐
Stomach, bowel or rectal problems	☐	☐	Motion or travel sickness	☐	☐
Kidney, bladder trouble or incontinence	☐	☐	Menstruation issues / problems	☐	☐
Wears corrective lens (Glasses/contacts)	☐	☐	Any other diseases, illnesses, problems not listed	☐	☐

Part 2 - Medical Questions

If you have checked **"YES"** to any of the above conditions, give any additional information feel pertinent.

Please describe any allergies (medications/food/Environmental including insect/bee stings), reactions / symptoms, and treatments for the reactions. List all

Please describe any dietary restrictions

Please list any Religious or Cultural food Restrictions

Describe any Illnesses, injuries, or disabilities not previously listed

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Appendix B
Current Medication (Required for overnight activities)

Name of Medication			Amount Taken	
How Often (check one)	Taken (check one)	Times Taken (check all that apply)		
☐ Everyday	☐ With Food	☐ Breakfast	☐ Just before bed	
☐ Once a week	☐ Without Food	☐ Lunch	☐ Right when woken up	
☐ Only when necessary		☐ Supper	☐ When necessary	
Additional Special Instructions				

Name of Medication			Amount Taken	
How Often (check one)	Taken (check one)	Times Taken (check all that apply)		
☐ Everyday	☐ With Food	☐ Breakfast	☐ Just before bed	
☐ Once a week	☐ Without Food	☐ Lunch	☐ Right when woken up	
☐ Only when necessary		☐ Supper	☐ When necessary	
Additional Special Instructions				

Name of Medication			Amount Taken	
How Often (check one)	Taken (check one)	Times Taken (check all that apply)		
☐ Everyday	☐ With Food	☐ Breakfast	☐ Just before bed	
☐ Once a week	☐ Without Food	☐ Lunch	☐ Right when woken up	
☐ Only when necessary		☐ Supper	☐ When necessary	
Additional Special Instructions				

Name of Medication			Amount Taken	
How Often (check one)	Taken (check one)	Times Taken (check all that apply)		
☐ Everyday	☐ With Food	☐ Breakfast	☐ Just before bed	
☐ Once a week	☐ Without Food	☐ Lunch	☐ Right when woken up	
☐ Only when necessary		☐ Supper	☐ When necessary	
Additional Special Instructions				

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Appendix C - NON Prescription Medications (Required for overnight activities)

From day to day, a Cadet may need one or more the following **NON-PRESCRIPTION MEDICATION** given to them by our First Aid Officer. Medications must be supplied by the parent/guardian during a normal cadet day/night. Please indicate which of the following medications you allow on an extended activity.

		Administer		Do Not Administer
		Child Dose	Adult Dose	
FOR PAIN	Acetaminophen (Tylenol)	☐	☐	☐
	ASA (Ibuprofen)	☐	☐	☐
FOR UPSET STOMACH	Gravol	☐	☐	☐
	Pepto Bismol	☐	☐	☐
	Tums	☐	☐	☐
FOR SORE THROAT	Lozenges	☐	☐	☐
SINUS CONGESTION	Allegra	☐	☐	☐
	Benadryl	☐	☐	☐
	Claritin	☐	☐	☐
FOR RASH OR INSECT BITES	Calamine Lotion	☐	☐	☐
	AfterBite	☐	☐	☐
	Polysporin	☐	☐	☐
OTHER (Supplied by parent)				

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