

Cadet Medication Form

General

In accordance with policies from Civil Air Patrol National Headquarters (CAPR 160-2), more information must be obtained regarding all medication used by cadets at activities. **Minor cadets must have this form signed by their parents. Cadets 18 and over must still complete the form for submission, but do not need a parent's signature. This form must be mailed in with all other paperwork.** CAP is not a health care provider, and CAP members are not permitted to act in the role of health care providers during the performance of official CAP duties. Consequently, CAP members are not permitted to function as pharmacists, physicians, nurses, or in any other role that would permit the administration and dispensing of drugs under various federal and state laws and regulations.

Authorized Medications

Any prescription, non prescription, herbal, vitamin, or supplement the cadet will bring to the activity must be listed on this form. If more room is needed, please see the activity site for additional blank forms (each form must be signed). The cadet will be allowed to keep this medication at activity and will be responsible for taking it at the proper times and in the correct dose. While the activity will be aware of all medication, the activity will not have the ability to remind or ensure anyone takes medication. The activity also has no ability to secure medication, though medications that must be refrigerated can be accommodated if the activity is notified ahead of the activity.

Cadets will bring any prescription, non-prescription, or herbal medications on a CAP activity only in the original containers in which the medication was dispensed. Prescription containers must contain the name of the prescribing physician, the name and telephone number of the dispensing pharmacy (if applicable), the name of the recipient of the prescription, and any other applicable dosing instructions. Non-prescription and herbal medications must have dosing instructions specified on the bottle and in the application materials, as well as be labeled with the cadet's name.

Cadets will not share medication at the activity – failure to comply with this rule will lead to discipline up to and including dismissal from the activity.

ACTIVITY Over the Counter (OTC) Medications

During the activity it is possible the cadet will encounter a minor medical concern that cannot be addressed by the medications the cadet brought to the activity. This could be a bug bite, upset stomach, diarrhea, headache, blisters, or other concerns brought on by activities. Non-prescription medications may be given to minor cadets as needed and according to package directions by CAP senior members, and only if permission has been given in writing by the cadet's parent or guardian. A list of the most commonly dispensed over the counter medications is below. Please indicate with an "X" in the space next to the OTC medication if the activity is authorized to give this to your minor cadet, per the package directions, during activity.

Note: The cadet should still bring his/her own OTC products such as the ones below if authorized on the next page. This list is simply to identify what the activity is authorized to dispense. The activity may not have all of these available, so if the cadet knows they will need them they should bring them and indicate as such on the next page.

_____ Motrin / Advil / Ibuprofen	_____ Tums or similar generic	_____ Cough drops
_____ Tylenol / Acetaminophen	_____ Neosporin / antibiotic ointment	_____ Vaseline / Moisturizing cream
_____ Pepto-Bismol or similar generic	_____ Hydrocortisone cream	_____ Visine or similar generic
_____ Aloe Vera products for sunburn	_____ Benadryl or similar generic	_____ Dramamine or similar generic

I authorize the Activity Senior Staff to dispense the checked OTC medications above to my minor

child, _____ **CAPID** _____.

Parent Signature

Date

Authorized Medication List For (cadet's full name): _____

This must include all prescription, non-prescription, herbal, vitamin, supplements, etc.

Medication Name	Dose	Frequency

I authorize my minor child to possess and use the medications listed above during the entire activity. I understand they bear the sole responsibility of keeping this medication and remembering to take it per the dose and frequency above.

Parent Signature

Date