

REPORT OF MEDICAL HISTORY

5. IMMUNIZATION RECORDS (attach copy of immunization record to this form)

5a. Date of last tetanus or booster	5b. Date of Menactra Vaccine for Meningitis	5c. Date of negative PPD or Medical Provider Clearance for TB
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6. ALLERGIES (Mark each item "YES" or "NO" Every item marked yes must be fully explained in block 9)

DO YOU NOW HAVE ANY OF THE FOLLOWING ALLERGIES:	YES	NO		YES	NO
6a. Bee or Wasp Sting	<input type="checkbox"/>	<input type="checkbox"/>	6e. Latex	<input type="checkbox"/>	<input type="checkbox"/>
6b. Hay Fever or seasonal allergies	<input type="checkbox"/>	<input type="checkbox"/>	6f. Any drug, E-mycin antibiotic, or sulfa allergies, list in Block 9	<input type="checkbox"/>	<input type="checkbox"/>
6c. Insect Bites	<input type="checkbox"/>	<input type="checkbox"/>	6g. Other Allergies, list in Block 9	<input type="checkbox"/>	<input type="checkbox"/>
6d. Iodine/seafood	<input type="checkbox"/>	<input type="checkbox"/>	6h. Food allergies, list in Block 9	<input type="checkbox"/>	<input type="checkbox"/>

6i. Describe the allergic reaction and what condition occurs: (Include comment if mild or seasonal, or life threatening requiring immediate medical attention)

7. OVER THE COUNTER MEDICATIONS (for NLCC orientation, NSCC recruit, and Advanced Training. NOT Unit Drills.)

7a. Over the Counter (OTC) medications that may be administered at training evolutions by our staff when requested, for these conditions:

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| 1. Allergies | Benydril |
| 2. Colds: | Cough Medicine (Robitussin DM, Dimetapp, etc.), Throat/Cough Drops (Chloraseptic, Halls, etc.), Decongestant (Sudafed, etc.) |
| 3. Constipation: | Milk of Magnesia, Dulcolax, Ex-Lax, or Glycerin Suppository |
| 4. Cuts and Scraps: | Bacitracin ointment, Betadine, Neosporin ointment |
| 5. Diarrhea: | Pepto Bismol, Kaopectate, Immodium AD, etc. |
| 6. Headache | Tylenol or Ibuprofen (Motrin, Advil, Aleve) |
| 7. Indigestion: | Calcium Carbonate (Tums, Rolaids, etc.) |
| 8. Itch/Rash: | Cortisone Cream or Calamine Lotion |
| 9. Sea/Motion Sickness: | Dramamine, Bonine, etc. |
| 10. Sprains: | Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil, Aleve) |
| 11. Sunburn: | Calamine Lotion, Topical Lidocaine Spray or Aloe Vera Gel |
| 12. Wounds: | Bacitracin ointments, Betadine, Neosporin Ointment |

**Other medications not listed above may be administered if so recommended by qualified medical staff.
Parents will be contacted directly when over the counter medications need to be administered during unit drills**

8. STATEMENT OF UNDERSTANDING AND CONSENT

BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS:

Parent/Guardian
Initial Below

8a. I understand that all medications will be administered to the cadet based on dosing instructions on the medication bottle/package. In no instance will cadets be allowed to self-medicate with any over the counter medication.

8b. I understand and consent that these written instructions may be superceded if, in the opinion of a medical provider, not doing so would place the cadet in a medically compromised condition.

8c. If you do not want your child to be administered over the counter medications, or certain medications concurrent with other medications, use Block 9 to specify those medications or write, **"Do not medicate my child with any over the counter medications"**.

9. REMARKS (please include comments as required by Blocks 4, 6, and/or 8. Also provide any other medical history that you or your physician deems important)

10. AUTHORIZATION AND RELEASE

I certify that to the best of my knowledge that the information provided is true and accurate and that I have disclosed all pertinent medical history. Furthermore, I authorize the Naval Sea Cadet Corps, its agents, officials, and training staff members, to dispense medication listed on this Authorization. I "Hold Harmless" the Naval Sea Cadet Corps from any and all liability, actions, or causes of action for damages or injury that may arise, directly or indirectly, from my son/daughter's use of medication while participating in Naval Sea Cadet Corps Activities. I understand that training staff members may not be medical professionals and that medication will be dispensed according to the manufacturer's instructions and/or the instructions I provided on this authorization.

10a. Parent/Guardian (for cadets) or Member Name (Type of Print)	10b. Signature	10c. Date (DD MMM YY)
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