THE NAVY LEAGUE OF CANADA

MEDICAL QUESTIONNAIRE

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 and then printed or 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 Medical 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.

THE NAVY LEAGUE OF CANADA
MEDICAL QUESTIONNAIRE

Section 1 – Cadet Personal Information

Rank	Surname	Given Name	Middle Name(s)

Gender	Date of Birth	Corps Name	Corps Location
☐ Male ☐ Female	Day / Month / Year		

Section 2 – Cadet Medical Information

Name of Family Doctor	Phone #

Provincial Hospitalization/Insurance #	Expiry Date	Medical Insurance	Group Number

Policy Number	Dependant Number	Latest Tetanus Injection (Month / Year)	Can the cadet Swim? (Yes / No)

Section 3 - Parent / Guardian Information

1. Name of Parent / Guardian	Relationship to Cadet

Home Phone #	Cell Phone #	Work Phone #	Ext.

Street Address	City / Town	Postal Code

2. Name of Parent / Guardian	Relationship to Cadet

Home Phone #	Cell Phone #	Work Phone #	Ext.

Street Address	City / Town	Postal Code

Section 4 – Emergency Contact Information

Emergency Contact Name (Must be different from Parents / Guardians listed in Section 2)	Relationship to Cadet

Home Phone #	Cell Phone #	Work Phone #	Ext.

The following information is required 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. All information is kept confidential.

Please indicate either **"YES"** or **"NO"** that applies to your cadet for each condition below

	YES	NO		YES	NO
Nervous trouble or breakdown	☐	☐	Rheumatism or Arthritis	☐	☐
Head injury, concussion, or headaches	☐	☐	Stomach, bowel, or rectal problem	☐	☐
Dizzy or fainting spells	☐	☐	Hernia	☐	☐
Convulsions or fits	☐	☐	Low back pain	☐	☐
Nose, throat, eye, or ear trouble	☐	☐	Kidney or bladder trouble	☐	☐
Diabetes	☐	☐	Lung disease or chronic cough	☐	☐
Skin conditions – medication	☐	☐	Foot trouble	☐	☐
Hives, hay fever, asthma, or allergy	☐	☐	Motion or travel sickness	☐	☐
Heart trouble, shortness of breath	☐	☐	Broken bones	☐	☐
Tropical diseases	☐	☐	Learning disabilities (eg. Dyslexia)	☐	☐
Color blindness	☐	☐	Hearing loss or impairment	☐	☐
Stuttering	☐	☐	Bed wetting	☐	☐
Wears corrective lens (Glasses/contacts)	☐	☐	Menstrual problems producing disability	☐	☐

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

Describe any Illnesses, injuries, or disabilities not previously listed

Please describe any allergies, reactions / symptoms, and treatments for the reactions

List any operations in the last five (5) years

Please describe any dietary restrictions

Is the cadet presently on medication? ☐ Yes ☐ No If yes, Please fill out Appendix A.

From day to day, a Cadet may need the following **NON-PRESCRIPTION MEDICATION** given to them by our Medical Officer. Please indicate which of the following medications we may administer

		Administer Child Dose	Administer Adult Dose	Do Not Administer
FOR PAIN	Tylenol (acetaminophen)	☐	☐	☐
	Ibuprofen	☐	☐	☐
FOR UPSET STOMACH	Gravol	☐	☐	☐
	Pepto Bismol	☐	☐	☐
	Tums	☐	☐	☐
FOR SOAR THROATS	Lozenges	☐	☐	☐
SINUS CONGESTION	Allegra	☐	☐	☐
	Benadryl	☐	☐	☐
	Claritin	☐	☐	☐
FOR RASH OR INSECT BITES	Calamine Lotion	☐	☐	☐
	Afterbite	☐	☐	☐
	Polysporin	☐	☐	☐
OTHER MEDICATION (must be supplied by parent / guardian)	_____	☐	☐	
	_____	☐	☐	

Section 5 – Parental Acknowledgement and Consent

If any restrictions in section 4D or 4F above, do you consent to the above named cadet participating in training and activities which she/he 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	

Appendix A – Current Medication

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

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