

# Pennsylvania State Police Troop J Camp Cadet

## Cadet Health and Medication Information

**Cadet Applicant Name:**

_____	_____	_____
(First)	(Middle)	(Last)

**Primary Doctor:**

Practice Name: _____	Doctor: _____
Phone: _____	

**Prescribed / Preplanned Medications:**

<b>All</b> medication must be provided to the Camp Medical Staff at Camp Cadet Registration and must be an amount sufficient for the entire week. The medication will be kept and administered by the Medical Staff for the entire week. Specific exceptions may be made.		
<b>Is the Cadet prescribed an Epinephrine (EPI Pen™) Medication? (If yes, it is required at camp)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is the Cadet prescribed an Inhaler?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Will the Cadet be taking prescribed medication for the week of camp?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Will the Cadet be taking over the counter medication on a preplanned basis for the week of camp?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered <b>YES to ANY</b> of the above questions please list the medication on the "Medication Log" and sign.		
If you answered <b>NO to ALL</b> of the above questions please write "None" in the "Medication Name" section of the "Medication Log" and sign.		

**As Needed Medications:**

Medications selected below are over the counter medications which can be administered by the Camp Medical Staff or a qualified designee.		
<input type="checkbox"/> Acetaminophen (Tylenol™)	<input type="checkbox"/> Antacid (Tums™)	<input type="checkbox"/> Diphenhydramine (Benadryl™)
<input type="checkbox"/> Ibuprofen (Advil™)	<input type="checkbox"/> Antibiotic Ointment	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Hydrocortisone 1% Cream	<input type="checkbox"/> Anti-Diarrhea (Imodium™)	

**General Health; Does the Cadet Applicant:**

Have any food allergies or special dietary needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please describe: _____		
Know when regular medication is required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other medical condition that should be known? (Detail below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		

Notice will be made in a timely matter if an emergency incident is incurred.  
 The undersigned Parent/Guardian hereby consents to/and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.  
 This will further certify that the undersigned, does hereby release and discharge the Pennsylvania State Police, Camp Cadet of Lancaster County, Camp Cadet of Chester County, its officers, agents, instructors and employees from any and all claims, demands, damages, suits, actions which may, can or shall have by reason of any illness, injury or accident incurred or suffered by the above named Cadet Applicant while traveling to, attendance at or participation in the Camp Cadet program.

**Parent / Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_