The Sea Cadets

Cadet in Confidence (when completed)

CADET'S MEDICATION RECORD

COMPLETE USING BLOCK CAPITALS - ADD AND DELETE AS REQUIRED

For computer entry use the tab key or mouse to move from box *to* box

Supersedes all previous copies, which should now be destroyed

Form SCC T1(MED) July 2004

Surname & Initial | Rank/Rate

Unit Name (not TS Name) | District | Area

Medication	Amount Received	Dosage	Frequency

The above medication was declared on Form SCC T1 YES / NO

Date	Day	Time	Cadets Signature	Issuing Person's Initials

Brief Medical Report (if more room is required use a sheet of A4 paper) - should be completed by the First Aid Officer - only to be completed in the event of an accident and/or illness - include all items that should be known to the Commanding Officer and/or the Parents. If the Hospital/Sick Bay has made a written report, ensure that a copy is attached to this form.

Reporting Officer's Signature | Date (format DD/MM/YY)

Medication retumed/issued to Cadet

Medication	Amount Received	Dosage	Frequency

I acknowledge receipt of the above medication

Cadet's Signature | Date (format DD/MM/YY)