

Common CAP Form – Medication Record

Complete this form with as much detail as possible. Once completed, place in a sealed envelope, and return with all other documents to the CTC.

1. CADET IDENTIFICATION

Cadet Name: _____	CIN: _____
Corps/Sqn: _____	Location: _____
Course: _____	CTC: _____
Phone Number: _____	

2. MEDICATION IDENTIFICATION

List each medication, accordingly, following the example provided.

#	Medication	Physical Description	Dosage
	<i>Lorazepam</i>	<i>Pill, round, white, "15mg"</i>	<i>As needed, 1 per day</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

3. DECLARATION

I, parent/guardian/physician give consent for this cadet to use over the counter (OTC) or prescription medications for known conditions. I am aware that supervisory and medical staff will secure medication and make it available to the cadet at the prescribed time and that they are available should the cadet have questions or concerns regarding medication.

_____ Parent/guardian/physician (Signature)	_____ Date
_____ Parent/guardian/physician (Print Name)	_____ Witness (Signature)