

Citizenship Trip – March 2020

**243 OGOPOGO SQUADRON  
ROYAL CANADIAN AIR CADETS  
PERMISSION SLIP: CITIZENSHIP TRIP 2020**

I, the undersigned Parent/Guardian of:

RANK: \_\_\_\_\_ CADET FULL NAME: \_\_\_\_\_ BC MEDICAL #: \_\_\_\_\_

hereby grant permission for him/her to attend the training. I further grant permission for any emergency medical or dental treatment deemed necessary by the squadron officers.

PARENT/GUARDIAN: \_\_\_\_\_  
<Full Name>
<Signature>
<Date>

EMERGENCY CONTACT: \_\_\_\_\_  
<Contact name>
<Emergency Number>
<Relationship>

RESTRICTIONS: \_\_\_\_\_  
<Allergies>
<Dietary Restrictions>

**Medical Information**

Prescription and over the counter medication are to be in original packaging and written instruction of use and put into a ziplock bag with cadets name. ALL medications are to be given to the event First Aid Officer.

\*\*\*Inhalers and Epipens should be kept on their person.

From time to time, your son / daughter may require pain medication due to unforeseen circumstances. **Please INITIAL** in the boxes below if you **AGREE or DISAGREE** for your child to receive the listed medications.

			<i>FIRST AID OFFICER USE ONLY</i>			<i>FIRST AID OFFICER USE ONLY</i>		
MEDICATION	AGREE	DISAGREE	DATE & TIME	DOSAGE	OFFICER SIGNATURE	DATE & TIME	DOSAGE	OFFICER SIGNATURE
ACETAMINOPHEN (Tylenol)								
IBUPROFEN (Advil)								
DIMENHYDRINATE (Gravol)								
Prescription Name:								
NOTES: (DOSAGE, WHEN TO TAKE, ADDITIONAL INFO)								
Prescription Name:								
NOTES: (DOSAGE, WHEN TO TAKE, ADDITIONAL INFO)								
Prescription Name:								
NOTES: (DOSAGE, WHEN TO TAKE, ADDITIONAL INFO)								