243 OGOPOGO SQUADRON
ROYAL CANADIAN AIR CADETS
PERMISSION SLIP: CITIZENSHIP TRIP 2023

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.

			FIRST AID OFFICER USE ONLY			*FIRST AID OFFICER USE ONLY*		
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)								