



# THE NAVY LEAGUE OF CANADA

## MEDICAL QUESTIONNAIRE

**CONFIDENTIAL WHEN COMPLETED**

This document must be acknowledged in section 5 of the Parent / Guardian who holds legal parental authority over the cadet.

### COMPLETING THIS FORM

This form may be completed electronically and then printed or printed and then completed by hand. If it's completed by hand, print in block letters. Until this form is properly completed and handed to the Cadet Administration Officer or designate, cadets shall not be authorized to participate in training and activities.

### FOOD ALLERGIES

It is important for Parents to be aware that the Navy League of Canada and their Corps do not have the mandate, are not equipped nor staffed to offer allergen-free foods or food preparation conditions. These limitations apply to meals and snacks prepared just as much by a caterer, volunteers or parents, and for all types of programmes, courses and activities conducted throughout the year, whether locally or away. The Navy League of Canada is concerned that for those with food allergies, sensitivities and intolerance it may not always be safe to participate in all training and activities.

At section 5, those with diet restrictions are required to indicate that they are aware of the stipulations mentioned above and still wish to participate in programmes, courses and activities during which meals are consumed.

### MEDICATIONS

Parents are to make the Commanding Officer or First Aid Officer aware of any medications that their child may bring and that they may require during extended activities. The medication **MUST** be in original containers, preferably bubble packs, with the name, drug and dosage clearly labeled. Cadets who require an inhaler or EpiPen will need to carry them at all times in an appropriate fanny pack or other carry case. They should also make the staff aware of any health concerns that may impact their health and safety, or that of others.

**Please be advised that while your son/daughter is supervised by Members of The Navy League Cadet Corps, their care and safety is of primary concern. In the event of an incident/emergency, our Members will preform all actions that are deemed necessary at the time, which may include calling for Emergency Services or other professional care in your absence.**

**If there is a pre-existing medical condition, the Navy League's Insurance Underwriter may limit coverage as a result of accident or injury related to that medical condition.**

If the Cadet or his/her Parents/Guardians have any questions related to any topic on this form, they can contact the Cadet Corps Commanding Officer.



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**Section 1 - Cadet Personal Information**

Rank	Surname	Given Name	Middle Name(s)
Gender	Birthdate	Corp Number	Corps Name

**Section 2 - Cadet Medical Insurance Information**

Provincial Hospitalization /Insurance #	Expiry Date	Latest Tetanus Injection	
		Month	Year

**Section 3 - Parent / Guardian Information**

1. Name of Primary Parent / Guardian	Home Phone #
Relationship to Cadet	Cell Phone #
2. Name of Other Parent / Guardian	Home Phone #
Relationship to Cadet	Cell Phone #

**Section 4 - Emergency Contact Information**

Emergency Contact Name (Must be different from Section 3)	Home Phone #
Relationship to Cadet	Cell Phone #

**Section 5 - Parent/Guardian Acknowledgement and Consent**

If there are any restrictions in any of the Appendixes, do you consent to the above named Cadet participating in training and activities which she/he will have a meal under the conditions described on page 1 under the heading 'Cadet and Food Allergies'?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the information on this form is complete, accurate and valid to the best of my knowledge. I acknowledge that I am required to notify the Cadet Corps Commanding Officer immediately if changes to the above named Cadet's medical condition render any of the information collected on this form incomplete, inaccurate or invalid.	
Signature of Parent / Guardian	Date

- Is Appendix A filled out with further information?     Yes     No  
Is Appendix B filled out with medication information?     Yes     No  
Is Appendix C filled out with NON-Prescription medication?     Yes     No



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### Appendix A

#### Part 1 - Medical Conditions

The following information is requested to assist the Navy League Cadet Corps in determining the capabilities of the above-mentioned Cadet to participate in certain aspects of the Training Program which including marching on hard surfaces, swimming, and other strenuous activities. This information will also be valuable in alerting the Corps Staff to any potential medical or physical problems which might require some attention when the cadet is undergoing training.

Please indicate either "YES" or "NO" for each question as it applies to your cadet concerning their medical history

	YES	NO		YES	NO
Nervous trouble or mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	Skin conditions requiring treatment	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety / ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Nose, throat, eye, or ear trouble	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities (eg Dyslexia)	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss or impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems, disease, defect	<input type="checkbox"/>	<input type="checkbox"/>	Vision problems or Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory problems, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, Bronchitis, Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism or Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Head injury, concussion, or stroke	<input type="checkbox"/>	<input type="checkbox"/>	Back, neck or joint pain	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions or seizures	<input type="checkbox"/>	<input type="checkbox"/>	Foot trouble	<input type="checkbox"/>	<input type="checkbox"/>
Dizzy, fainting spells or headaches	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (past or present)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Previous surgeries (provide details)	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (provide details/reactions/treatment)	<input type="checkbox"/>	<input type="checkbox"/>	Speech impediments (stuttering, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Stomach, bowel or rectal problems	<input type="checkbox"/>	<input type="checkbox"/>	Motion or travel sickness	<input type="checkbox"/>	<input type="checkbox"/>
Kidney, bladder trouble or incontinence	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual issues / problems	<input type="checkbox"/>	<input type="checkbox"/>
Wears corrective lens (Glasses/contacts)	<input type="checkbox"/>	<input type="checkbox"/>	Does cadet carry EPI pen	<input type="checkbox"/>	<input type="checkbox"/>
			Any other diseases, illness, or problems not listed	<input type="checkbox"/>	<input type="checkbox"/>

#### Part 2 - Medical Questions

If you have checked "YES" to any of the questions in Part 1, give additional information you feel is pertinent

Please describe any allergies (medications/food/environmental including insect/bee stings), reactions / symptoms / and treatments for the reactions. List

List any dietary restrictions

List any Religious or Cultural Food Restrictions

Describe any illnesses, injuries, or disabilities not previously listed



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### Appendix B - Current Prescription Medication

Name of Medication		Amount Taken	
How Often (check one) <input type="checkbox"/> Everyday <input type="checkbox"/> Once a week <input type="checkbox"/> Only when necessary	Taken (check one) <input type="checkbox"/> With Food <input type="checkbox"/> Without Food	Times Taken (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Just before bed <input type="checkbox"/> Right when woken up <input type="checkbox"/> When necessary	
Additional Special Instructions			
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Name of Medication		Amount Taken	
How Often (check one) <input type="checkbox"/> Everyday <input type="checkbox"/> Once a week <input type="checkbox"/> Only when necessary	Taken (check one) <input type="checkbox"/> With Food <input type="checkbox"/> Without Food	Times Taken (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Just before bed <input type="checkbox"/> Right when woken up <input type="checkbox"/> When necessary	
Additional Special Instructions			
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Name of Medication		Amount Taken	
How Often (check one) <input type="checkbox"/> Everyday <input type="checkbox"/> Once a week <input type="checkbox"/> Only when necessary	Taken (check one) <input type="checkbox"/> With Food <input type="checkbox"/> Without Food	Times Taken (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Just before bed <input type="checkbox"/> Right when woken up <input type="checkbox"/> When necessary	
Additional Special Instructions			
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Name of Medication		Amount Taken	
How Often (check one) <input type="checkbox"/> Everyday <input type="checkbox"/> Once a week <input type="checkbox"/> Only when necessary	Taken (check one) <input type="checkbox"/> With Food <input type="checkbox"/> Without Food	Times Taken (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Just before bed <input type="checkbox"/> Right when woken up <input type="checkbox"/> When necessary	
Additional Special Instructions			
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**Appendix C - NON-Prescription Medications (Required for overnight activities)**

From day to day, a Cadet may need one or more of the following NON-PRESCRIPTION MEDICATION given to them by our First Aid Officer. Medications must be supplied by the parent / guardian during a normal cadet day/night.

Please indicate which of the following medications you allow on an extended activity.

		Administer		Do Not Administer
		Child Dose	Adult Dose	
FOR PAIN	Acetaminophen (Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A SA (Ibuprofen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR UPSET STOMACH	Gravol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pepto Bismol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR SORE THROAT	Lozenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR SINUS CONGESTION	Allegra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Benadryl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Claritin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR RASH OR INSECT BITES	Calamine Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AfterBite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Polysporin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Supplied by parent)				