



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 returned/issued to Cadet

Medication	Amount Received	Dosage	Frequency

I acknowledge receipt of the above medication

Cadet's
Signature

Date (format DD/MM/YY)