



Medicine Information Sheet

*This form is to be filled out **prior to Registration** time and turned in at Checkpoint 2 by the Post Advisor along with all corresponding Medicine. Medicine should be in a Ziploc Bag and labeled with Cadet Name, Agency, and Advisor name and its **original medicine bottle**.*

ONE FORM PER CADET

CADET NAME	
AGENCY	
ADVISOR'S NAME & PHONE NUMBER	

GENDER & AGE	
DATE OF BIRTH	

List all medicines taken:

Medicine Name	How many times a day needed	Dosage needed each time.	Quantity given to Academy Medical Staff

List any medical problems / Allergies / Over the counter medications that can **NOT** be taken:

Signature of Advisor: _____ **Date:** _____