

## OPERATIONS ORDER

1085-20 (Admin O)

1. Identification of cadet: \_\_\_\_\_ (Full name) has permission to attend:

- a. Event: **Fall Field Training Exercise**
- b. Location: **Apple Hill Scout Reserve**
- c. Dates: **26-27 Oct 19**

2. Over-the-Counter (OTC) / Prescribed Medication Administration

**MUST BE FILLED OUT PRIOR TO EVENT**

- a. I, \_\_\_\_\_ (Full name), give consent for this cadet to use the following OTC or prescription medications for known conditions.
- b. I am aware that supervising staff are not permitted to administer **any** OTC medications (including but not limited to painkillers, Benadryl, etc.) that have not been brought by the cadet in question. I have sent my cadet with OTC medications that I feel my cadet may require throughout the weekend.
- c. I am aware that supervising staff will secure all medication and make it available to the cadet at the prescribed time and they are available should the cadet have questions or concerns regarding medication.
- d. Medication and quantity brought by the cadet:

Name of Medication			Name of Medication		
Dosage			Dosage		
Administration Time (Please Circle)	Breakfast		Administration Time (Please Circle)	Breakfast	
	Lunch			Lunch	
	Dinner			Dinner	
	Bedtime			Bedtime	
	As Needed			As Needed	
Name of Medication			Name of Medication		
Dosage			Dosage		
Administration Time (Please circle)	Breakfast		Administration Time (Please circle)	Breakfast	
	Lunch			Lunch	
	Dinner			Dinner	
	Bedtime			Bedtime	
	As Needed			As Needed	

**Note: The medication needs to be in the original package or (if possible) blister packed.**

3. The cadet has the following allergies or dietary restrictions and has made supervising staff aware prior to 15 Oct 19:

*In case of an Emergency during the exercise, parents may contact Lt Willis at (613) 898-3616.*

During the weekend, I can be reached at: \_\_\_\_\_ (      ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (      ) \_\_\_\_\_

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Parent's Name	Signature	Date
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