



NERLEE A P.O. BOX 253 BETHLEHEM, CT 06751
 NERLEE A CADET POLICE ACADEMY MEDICAL



SIGNATURES ARE REQUIRED BY PARENT/GUARDIAN FOR ANY PERSON UNDER THE AGE OF 18.

CADET/ADVISOR INFORMATION:

NAME:		AGE:
DATE OF BIRTH:		PHONE NUMBER:
EMAIL:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:

PARENT/LEGAL GUARDIAN:

NAME:	PHONE NUMBER:	RELATIONSHIP TO CADET:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
NAME:	PHONE NUMBER:	RELATIONSHIP TO CADET:
STREET ADDRESS:		
CITY:	STATE:	ZIP:

EMERGENCY CONTACT: Please an individual to be contacted in the event of an emergency.

NAME:	PHONE NUMBER:	RELATIONSHIP TO CADET:
STREET ADDRESS:		
CITY:	STATE:	ZIP:



NERLEEA P.O. BOX 253 BETHLEHEM, CT 06751
 NERLEEA CADET POLICE ACADEMY MEDICAL



POST INFORMATION:

DEPARTMENT NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
ADVISOR NAME:		
ADVISOR PHONE NUMBER:		
CHIEF'S NAME:		

PERMISSION TO TREAT/TRANSPORT TO A MEDICAL FACILITY:

I understand the inherent risks involved in using the training facilities. I understand that all precautions will be taken to help ensure my child's safety or mine but that the training is such that not every event may be planned for or prevented. I understand that the training will include intense physical activity. I agree to all supplants stated here and hereby give permission to my son/daughter to participate. I do not know of any reason, medical or otherwise which would prevent my child from participating fully and safely. I also give permission for my child to be treated either by medical personnel on scene or at a hospital shall the need arise. I understand that all efforts to contact me will be made. I further understand and grant permission that a facsimile of this form will carry the same weight and effect as the original.

PARENT/GUARDIAN SIGNATURE:	DATE:
CADET/ADVISOR SIGNATURE:	DATE:



NERLEEA P.O. BOX 253 BETHLEHEM, CT 06751
 NERLEEA CADET POLICE ACADEMY MEDICAL



OVER THE COUNTER MEDICATION APPROVAL:

Please note, Cadets are NOT to keep over-the-counter medications in their possession while attending the academy. ALL MEDICATIONS ARE TO BE TURNED INTO MEDICAL AT THE TIME OF REGISTRATION, with the exception of rescue inhalers and Epi-Pens which cadets will keep on their person at all times.

The following over the counter medications is provided at CPA and will be available to cadets if so, determined by parent/guardian.

IBUPROFEN (FEVER AND PAIN RELIEF)	HYDROCORTISONE CREAM
BENADRYL (ITCH AND HAY FEVER)	ADVIL (PAIN RELIEF)
PEPTO-BISMOL (DIARRHEA AND UPSET STOMACH)	EXCEDRIN (PAIN RELIEF)
IMODIUM (DIARRHEA)	PEDIALYTE
TUMS (INDIGESTION)	CLARITIN (ALLERY RELIEF)
BACITRACIN (CUTS AND SCRAPE)	CALAMINE LOTION (ITCH AND RASH)
ASPIRIN (FEVER AND PAIN RELIEF)	TYLENOL (FEVER AND PAIN RELIEF)

List any over the counter medications you DO NOT wish your child to receive:

PARENT/GUARDIAN SIGNATURE:	DATE:
CADET/ADVISOR SIGNATURE:	DATE:

SUNSCREEN ADVISORY:

The NERLEEA Cadet Police Academy encourages cadets and staff to reduce exposure to ultraviolet rays from the sun. We encourage the use of: hats, screens with solar protection factor, sunscreen and lip balm. The NERLEEA Cadet Police Academy strongly encourages parents to apply sunscreen to their children prior to camp and to provide spray sunscreen to their children for reapplication throughout the day. The NERLEEA Cadet Police Academy will have sunscreen on-site (Factor 25) No NERLEEA Cadet Police Academy staff will be allowed to administer sunscreen to a camper without written parental consent.

PARENT/GUARDIAN SIGNATURE:	DATE:
CADET/ADVISOR SIGNATURE:	DATE:



NERLEEA P.O. BOX 253 BETHLEHEM, CT 06751
 NERLEEA CADET POLICE ACADEMY MEDICAL



MEDICAL EXAM:

DATE OF EXAM:		PHONE NUMBER:	
MEDICAL PRACTITIONER NAME:			
STREET ADDRESS			
CITY:	STATE:	ZIP:	

_____ CADET/ADVISOR MAY PARTICIPATE IN ALL CAMP ACTIVITIES

_____ CADET/ADVISOR MAY PARTICIPATE IN ALL CAMP ACTIVITIES EXCEPT: _____

MEDICAL HISTORY:

If there are no known food/drug allergies, special dietary needs and/or medical concerns/special needs, please indicate N/A.

ALLERGIES:
MEDICAL HISTORY:
SPECIAL DIETARY NEEDS:
MEDICAL CONCERNS/SPECIAL NEEDS:

***All medications must be listed within the addendum to the medical form.**

VITALS:

VITAL SIGNS	BP	P	R	SPO2	GLU
-------------	----	---	---	------	-----

MEDICAL PRACTITIONER SIGNATURE:	DATE:
---------------------------------	-------



NERLEEA P.O. BOX 253 BETHLEHEM, CT 06751
 NERLEEA CADET POLICE ACADEMY MEDICAL



IMMUNIZATIONS:

The camper/staff is up to date on all the following immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on immunizations.

***In addition to this form, provide a copy of the current up to date immunization record. School records are accepted.**

If you are unable to get your immunization record, the Titar test in addendum III is Required.

Medical Immunization Records were provided.

PARENT/GUARDIAN SIGNATURE:	DATE:
CADET/ADVISOR SIGNATURE:	DATE:

*Immunization Records not available due to religious exception according to camp code section 430.153. Additional documentation will be required.

PARENT/GUARDIAN SIGNATURE:	DATE:
CADET/ADVISOR SIGNATURE:	DATE:

MEDICATIONS:

Does your child take prescribed medications? YES NO

I hereby authorize the health care consultant or properly trained health care supervisor at the NERLEEA Cadet Police Academy to administer, to my child, the below listed medication(s), in accordance with 105 CMR 430.160(c) and 105 CMR 430.160 (d).

If above listed medication includes epinephrine injection system: I hereby authorize my child to self-administer, with approval of the health care consultant.

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer said medication as prescribed by their physician.

If above listed medication includes insulin for diabetic management: I hereby authorize my child to self-administer, with approval of the health care consultant.

*****Health Care Consultant** at a recreational camp is a Massachusetts licensed Physician, certified nurse practitioner or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day-to-day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or another person specially trained in first aid.

PARENT/GUARDIAN SIGNATURE:	DATE:
CADET/ADVISOR SIGNATURE:	DATE:



NERLEEA P.O. BOX 253 BETHLEHEM, CT 06751
 NERLEEA CADET POLICE ACADEMY MEDICAL



ADDENDUM I

Required for every medication. All prescribed medications MUST be in its original container packaged in a clear zip lock bag with cadet name and post clearly visible. Prescribed medication must be turned into academy nurses upon registration.

Please list pertinent/daily medication(s) your child needs.
 If your child does not take any medications, please leave blank.

Use multiple pages as needed.

NAME OF LICENSED PRESCRIBER:		PRESCRIBER PHONE NUMBER:	
NAME OF MEDICATION:		<input type="checkbox"/> Check if a controlled substance	
DOSAGE WHILE AT CAMP:	ROUTE OF ADMINISTRATION:	FREQUENCY:	
EXPIRATION DATE OF MEDICATION:		SPECIAL STORAGE REQUIREMENTS:	
SPECIAL DIRECTIONS (E.G. ON AN EMPTY STOMACH, WITH WATER):			

NAME OF LICENSED PRESCRIBER:		PRESCRIBER PHONE NUMBER:	
NAME OF MEDICATION:		<input type="checkbox"/> Check if a controlled substance	
DOSAGE WHILE AT CAMP:	ROUTE OF ADMINISTRATION:	FREQUENCY:	
EXPIRATION DATE OF MEDICATION:		SPECIAL STORAGE REQUIREMENTS:	
SPECIAL DIRECTIONS (E.G. ON AN EMPTY STOMACH, WITH WATER):			

***In addition to this medical form, please upload all medications to www.nerleaa.org/medication. The password is Academy2024.**



NERLEEA P.O. BOX 253 BETHLEHEM, CT 06751
 NERLEEA CADET POLICE ACADEMY MEDICAL



ADDENDUM II

TRAVEL PERMISSION RELEASE:

I give permission for my son/daughter to participate in this function as well as travel off of campus during this function for any and all activities, which require off campus travel. I understand that depending on the group my child is in, he/she will be traveling to various locations to further advance their learning.

PHOTO AND VIDEO RELEASE:

The Cadet Police Academy/NERLEEA would like permission to take photographs/videotape of your child while they are at the Cadet Police Academy. These photographs/videotaping may be released to a television network, to the newspapers or for educational purposes, including the Cadet Police Academy and/or NERLEEA website (www.NERLEEA.org) and/or social media. I understand that I/we will NOT receive any compensation for such photographs and/or videos. Your permission is required for this photography/videotaping. I understand that if I refuse to give permission for photography and videotaping, my child will not be allowed to attend the academy as it will be difficult to decipher between which pictures are acceptable and which are not. I understand that this signed form must accompany the registration form, or the registration WILL NOT be accepted. I give my permission for my CHILD to be photographed and/or videotaped.

By signing these forms, I acknowledge the aforementioned NERLEEA policies regarding medical procedures, medication administration, sunscreen advisory, permission to treat and transport, over the counter medication(s), immunization record, any prescribed medication(s), travel permission, photo/video release, firearms release and all encompassing.

PARENT/GUARDIAN SIGNATURE:	DATE:
CADET/ADVISOR SIGNATURE (OVER 18):	DATE:
POST ADVISOR SIGNATURE:	DATE:



NERLEEA P.O. BOX 253 BETHLEHEM, CT 06751
 NERLEEA CADET POLICE ACADEMY MEDICAL



ADDENDUM III

IMMUNIZATIONS:

The camper/staff is up to date on all the following immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on immunizations.

***In addition to this form, each participant MUST provide an up-to-date Immunization Record.**

School Records are accepted.

If no record, a medical provider MUST indicate results and date of Titar test.

MEASLES Results:	DATE:	HEPATITIS B Results:	DATE:
MUMPS Results:	DATE:	DIPHTHERIA Results:	DATE:
RUBELLA Results:	DATE:	PERTUSSIS Results:	DATE:
CHICKEN POX Results:	DATE:	PNEUMOCOCCAL CONJUGATE Results:	DATE:
TETANUS Results:	DATE:	POLIO Results:	DATE:
TUBERCULOSIS Results:	DATE:		



Immunization Record is attached (MEDICAL STAFF INITIAL)