2004 Rhode Island Wing Encampment

**Medical Information Form**

Name of Cadet: _____

CAP ID:_____ Social Security #:_____-_____-_____

Does this person require any medication? If so, what medication is to be administered?

_____

_____

_____

Time of day to administer medication:

_____

_____

_____

Allergies:

_____

_____

_____

Other medical information:

_____

_____

_____

_____