



**U.S. NAVAL  
SEA CADET CORPS**  

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**CHART YOUR COURSE**

# Welcome Aboard for Winter 2017-18 Rock Climbing Training!

## Location and Dates

**LOCATION:** Marine Corps Air  
Ground Combat Center, Twentynine  
Palms, CA

### TRAINING DATES:

- Dec. 26, 2017 – Dec. 31, 2017
- Cadets arriving by air, train, or bus will arrive on Dec. 26th.
- Officers will arrive on Dec. 26th and depart on Dec. 31st, as directed by the OIC.

Go to page 3 (or click [here](#)) for more information on Arrival/Departure and travel.

## How to Register

1. Have your unit register you on Magellan.
2. Once we see the registration, we will confirm.
3. Within 48 hours of confirmation, you **MUST** do the following to be approved:
  - Submit the Additional Information Form on our website, [www.nscpsw.org](http://www.nscpsw.org). Click [here](#) to link directly to that form.
  - Pay for training and shuttle (if using) at our online store. Click [here](#) to link there.
  - Submit the Medical Supplemental Form, if you will be taking meds at training (attached at the end of this letter).
  - Submit the ADA Accommodation Form, if you will need an accommodation at training.

Go to page 2 (or click [here](#)) for more information.

Please make sure we  
have a valid parent email  
address for  
communications during  
training!

## INTERESTED IN STAFFING?

Officers wishing to staff this training must be approved by the OIC.

For more information on becoming a member of Rock Climbing Staff, go to page 4 (or click [here](#)).

## ALL THE OTHER STUFF YOU NEED TO KNOW

- [TRAINING OBJECTIVES AND EXPECTATIONS](#) – page 4
- [PREPARING FOR TRAINING](#) – page 5
- [DURING TRAINING](#) – page 6

## REGISTERING FOR TRAINING

To get an APPROVED slot at the training, you **must**:

**a.** Have your unit's training officer register you on the MAGELLAN system. We will confirm upon initial entry into Magellan if space is available but must receive the following **within 48 hours** or registration will revert to Submitted status:

- 1) Payment of fees made at <https://mkt.com/nscpsw>.
- 2) Completion of the SUPPLEMENTAL REGISTRATION FORM at [www.nscpsw.org](http://www.nscpsw.org).
- 3) Submission of Medical Supplemental Form and/or Request for Accommodation if either are needed.

**NO ORDERS WILL BE APPROVED UNTIL ALL PARTS ARE COMPLETE!!!**

Please note that, if you do not complete all items within the 48 hours, you will revert to Submitted status. We only confirm and hold a space for you once, so if you are un-confirmed, you must submit all items and we will then confirm and approve, if space is available once all items are received.

**b.** Have your unit upload a copy of your completed and signed NSCTNG001 to MAGELLAN. The original should be placed in your service record, which you will bring to training.

**c.** If you will be taking any medication, scan/email (or upload to MAGELLAN) a copy of the Page 7/8 Medical Supplemental Form. Your unit's officers will help with this. **We will not approve your space until your meds have been approved as appropriate for this training.**

**d.** Send us any ADA Request for Accommodation well in advance for review, subject to approval. An approved Request for Accommodation at the home unit **does not automatically apply at the training**. Your unit's officers will help with this. **Your request must be approved before we can approve you in your training.**

**PAYMENT:** Payment for training fees, as well as airport shuttle fees, can be made at our website, [www.nscpsw.org](http://www.nscpsw.org). Click on Winter Training and then follow Step 4 to connect to our online store.

**Important!** Please include the following information as a note when completing your payment: Cadet's first and last names and the name of the unit they belong to. Parents often have last names that are different from the cadets; how are we to know for whom you are paying if you don't tell us in a note? For this reason, we encourage you to complete payment on a computer, not a phone, so that you don't miss this important step. Please submit one payment at a time with the requested information.

In accordance with NSCC regulations, training deposits are **non-refundable**.

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## **REPORTING AND TRAVEL**

**REPORTING UNIFORM** is **WORKING UNIFORM** (civilian clothes if traveling by plane, train, or bus).

### **REPORTING TIMES:**

- **CADETS ARRIVING BY PERSONAL VEHICLE:**

Cadets arriving by personal vehicle should report to the Welcome Center at the main gate of Marine Corps Air Ground Combat Center at **6:00 PM on Tuesday, Dec. 26, 2017.** **PARENTS MUST REMAIN ONSITE UNTIL THEIR CADET HAS CLEARED ADMIN!!!!**

- **CADETS AND OFFICERS ARRIVING BY COMMERCIAL CARRIER:**

All cadets flying to training should plan to arrive at **ONTARIO INTERNATIONAL AIRPORT on Tuesday, Dec. 26th, NO LATER THAN 5:00 PM, and depart on Sunday, Dec. 31st, no earlier than 8:00 PM (unless other arrangements have been made).**

- **OFFICERS ARRIVING BY PERSONAL VEHICLE:**

Staff Officers should arrive on Tuesday, Dec. 26th, as notified by the Officer in Charge.

### **GUIDELINES FOR COMMERCIAL TRAVELERS:**

ALL PERSONNEL TRAVELING BY COMMERCIAL CARRIER ARE TO REPORT IN CIVILIAN CLOTHES.

YOU MUST PROVIDE A COPY OF YOUR FLIGHT/TRAIN/BUS ITINERARY to [admin@nscpcsw.org](mailto:admin@nscpcsw.org) no later than 15 DEC 17 but it is not necessary to provide this information when you register.

Airline travelers will be transported by shuttle service to and from the Combat Center for a \$30 fee each way (fee should be included with registration – if you didn't include with registration or want to add, please see shuttle note below for how to pay or contact [admin@nscpcsw.org](mailto:admin@nscpcsw.org) with any questions). The shuttle will depart the USO at the Ontario airport at 6:00 pm on Dec. 26th, so please plan accordingly in order to minimize your wait time until the shuttle leaves.

**PLEASE NOTE:** We cannot accommodate cadets traveling "unaccompanied minor," which is a term the airlines use that means that a specifically named adult would have to meet the cadet at their gate. If this was your intention, please contact LCDR Manoogian at [srd@nscpcsw.org](mailto:srd@nscpcsw.org) to discuss **PRIOR** to booking any tickets.

Parents are reminded that training dates can change depending on the needs of the Marine Corps and should book airfare as "refundable/changeable." This is also advised in case we have to send your cadet home early. We recommend that, should you choose not to purchase refundable fares, you purchase travel insurance. We cannot be responsible for fare increases due to unforeseen changes in the training schedule.

**SHUTTLE NOTE FOR AIRLINE TRAVELERS:** This is a privately scheduled shuttle for our cadets and staff only. You **MUST** reserve a space through us and pay in advance for the shuttle as the driver will **NOT** accept cash the day of arrival. Payment can be made at our website at the same place where you pay for training.

Upon arrival at the Ontario airport, you will proceed to the USO (the shuttle stop is outside the main terminal to the right). They will have a list of our arrivals so please check in with them. Our private shuttle is scheduled to depart around 6:00 pm. Depending on the time of your arrival, you could have a long wait so be prepared! **MAKE SURE THAT WE KNOW YOUR TRAVEL PLANS!!!** If you should encounter delays en route, please call 818-822-6818 and let us know.

**WHEN YOU ARRIVE:** In your possession should be your service record, valid ID and a complete Sea Bag. **No cadet may report aboard without a complete service record** with all signatures properly executed on all relevant portions of the NSCADM001 form (Cadet Application, Medical History, Medical Exam) and NSCTNG001 (Request for Orders). Also, a SUPPLEMENTAL HEALTH HISTORY (Page 7/8 of NSCADM001) form should be included if taking or using over-the-counter or prescription medications.

**INDIVIDUALS SHOULD CARRY THEIR OWN SERVICE RECORD.**

**GRADUATION AND DEPARTURE:** Cadets will be available for pickup at the Welcome Center (same place as check-in) at 5:00 PM on Dec. 31st. There will be a short ceremony prior to their release.

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## **INTERESTED IN STAFFING?**

Officer inquiries should also be directed to INST Sanchez. Please contact us to have a conversation prior to applying for the training or booking flights.

Upon notification that you have a confirmed billet on the staff, you'll receive separate instructions with details for your arrival and other useful information.

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## **TRAINING OBJECTIVES AND EXPECTATIONS**

**TRAINING OBJECTIVES:** Our objectives and purpose for offering this training evolution are:

- To provide training in a specific subject(s) for those Cadets attending training.
- To provide professional training to NSCC Officers so as to allow them the opportunity to utilize their abilities in a supervised military environment.
- To promote the highest level of training that is consistent with NLCC/NSCC National Goals with an atmosphere of respect, support, and esprit de corps.

**SAFETY:** Safety is our #1 priority. The success of this evolution depends on the safety of all personnel. This will be accomplished by the following methods:

- Accountability – This is achieved by knowing where our people are at all times and what they are doing. Each individual will act in a responsible manner.
- By always being alert to possible hazards and taking appropriate action to prevent possible harm to any personnel under our care.

• By making safety everyone's responsibility, from the cadet to the Commanding Officer. If any person feels their safety is about to be compromised, that person will bring it to the attention of the chain of command.

**CODE OF CONDUCT/HAZING/FRATERNIZATION:** Please review the attached CODE OF CONDUCT. This code will be the basis for a quality training experience. Furthermore, there is a **ZERO TOLERANCE** for hazing and/or fraternization. This includes bullying, use of foul language, and any negative behavior that takes away from a safe and positive training environment.

**TRAINING LOCATION:** Due to ongoing military operations, our training barracks and areas have not been assigned yet. We will send notification and maps two weeks prior to training. This is an active military base with all the facilities and amenities for quality training. We will be using the galley and classroom facilities. Regular bathroom and shower facilities are available.

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## **PREPARING FOR TRAINING**

**HAIRCUTS:** Haircuts must conform to NSCC Grooming Standards. Tapered (no steps), clean around neck and ears. **YOU MUST GET YOUR HAIRCUT PRIOR TO TRAINING.** Each session we have cadets who actively choose to not get their haircut because they have been told it will be done at training – **THIS IS NOT THE CASE.** **Cadets may not check-in without a proper haircut.**

**CADET PREPARATION:** All cadets need to understand that this is a TRAINING evolution. They are participating to learn more about being in the NSCC program. Each individual will be asked to do things that are challenging and different from “the way I’ve always done it.” To prepare for this evolution, each person should:

- Do physical training. Push-ups, sit-ups, and running are a good way to start. Physical training is included in the cadet-training curriculum.
- Pack their sea bag. This will help in knowing what has been brought to training. Each cadet will be 100% responsible for their own belongings.
- Break-in footwear. There can be a lot of walking during this training and boots are more comfortable if they have been broken in.

**MEDICAL RESTRICTIONS:** Cadets with pre-existing medical conditions that will affect a safe training environment cannot be allowed to participate. While we want cadets to complete their training, safety is our first concern.

Medications prescribed or over-the-counter **are** permitted. **If your cadet will need to take ANY medications, a Supplemental Medical History (Page 7/8) which is included in this packet must be completed and approved prior to registering for training.** Please bring medications in the original container and place them in a baggie and include a copy of this form, which **MUST** be signed by a medical professional if any of the medications are prescription. **Discontinued use of required medication is not advised.**

**The final determination of participation in training due to a medical condition lies with the Commanding Officer, based on NSCC Regulations.**

**SEABAG:** Review the sea bag list. **ALL CADETS MUST BRING A WATER SYSTEM (canteen w/web belt or Camelback is OK).** All items must be marked with the cadet's last name and first initial (all underwear and socks look the same after a while). A sea bag inspection will be conducted on the first day of training. If

required items are not in sea bag, attempts will be made to obtain the item for the cadet and the parent/guardian/unit will be billed. **IF IT IS NOT ON THE LIST, LEAVE IT AT HOME.** Commercial travelers should bring money and cell phone for their trip to/from Camp Pendleton; they will turn cell phones in at check-in.

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## **DURING TRAINING**

**OUTSIDE PARTY CONTACT:** To create and maintain the most productive military environment needed for a successful training, it is necessary to isolate trainees from outside influences that may prove distracting. To this end, it is essential for parents, relatives, and friends to understand:

- Visits from parents, relatives, and friends will be prohibited.
- Visits from home unit staff not attached to the training are not allowed, unless approved in advance by the Commanding Officer.
- Cadets are not allowed to place or receive phone calls. In case of family emergencies parents are to contact the unit CO, who will then contact the Training Site. If there is an emergency regarding a cadet, a call will be placed to the parents and the unit CO.
- Cadets may send mail to family and friends.

**CADET MAIL:** Due to the short nature of this training, we will not be able to take ANY inbound mail. Cadets will, however, be able to send written letters home.

**NO CELL PHONES ALLOWED FOR ANY CADETS.** Cadets traveling by commercial carrier may bring a cell phone to stay in contact with family until arrival. These cell phones will be secured during training and returned to cadets for their return travel. Failure to turn in cell phones or using cell phones during training will be grounds for dismissal.

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**QUESTIONS/CONCERNS:** Your unit CO is the first person who may be able to answer questions or concerns. They have been sent a copy of this information letter. If you still have questions, please e-mail to [question@nscpsw.org](mailto:question@nscpsw.org).

We look forward to your cadet having a positive training experience. Welcome Aboard!

LCDR Vahan Manoogian, NSCC  
Commanding Officer  
[srd@nscpsw.org](mailto:srd@nscpsw.org)

INST Fernando Sanchez, NSCC  
Rock Climbing Training OIC  
[fsanchez@seacadets.org](mailto:fsanchez@seacadets.org)

Attachments:

- a) Sea Bag List
- b) Code of Conduct
- c) Standing Orders
- d) Medical History Supplemental for Training Authorization, Consent and Release

## SEA BAG LIST - ROCK CLIMBING TRAINING

**NOTE TO PARENTS:** Your cadet is responsible for packing his/her sea bag. Please inspect their sea bag for the following items. ALL SEABAG ITEMS MUST BE MARKED WITH CADET'S NAME!

X	AMT	ITEM	X	AMT	ITEM
		<b>WORKING UNIFORM</b>			
		NWUs	OR		BDUs
	2	Sets of uniforms		2	Sets of uniforms
	8	Navy Blue T-shirts		8	Brown T-shirts
	1	Navy Blue Blousing straps		1	Green Blousing straps
	8	Pairs of black socks		8	Pairs of black socks
	1	Uniform jacket (or anything that will keep you warm at night)		1	Uniform jacket (or anything that will keep you warm at night)
	1	Pair of black working boots		1	Pair of black working boots
	1	Matching cover		1	Matching cover
		<b>MISC. CLOTHING ITEMS</b>			<b>PT CLOTHES</b>
	8	Sets of underwear (Males: Boxers OK)		2	Pairs PT shorts
	1	Bathrobe/shower wrap (optional)		4	T-shirts
	1	Pair of shower shoes		6	Pairs of white athletic socks
	1	Rain poncho		1	Swimsuit (females: one-piece only)
	1	Pair small silver ball earrings (optional, females only)		2	Athletic bras (females)
					Any braces (knee, ankle, etc.) you currently use
		<b>OTHER</b>		1	Pair of sweats
	1	Canteen with belt or Camelback water system		1	Pair of athletic/running shoes
	1	Sea bag			
	1	Sleeping bag and pillow			<b>HYGIENE ITEMS</b>
	1	Blanket (OPTIONAL, if you get cold)		1	Tube of SPF 15 or greater sunscreen
	1	Chain to wear lock key around neck		1	Chapstick
	1	Black ballpoint pen		2	Towels

	4	#2 pencils		2	Washcloths
	1	Composition notebook		1	Hand soap (small pump bottle)
	1	Sewing kit		1	Hand sanitizer (kept in uniform pocket)
	1	Mesh laundry bag		1	Shampoo
	1	Small flashlight with one set of spare batteries		1	Toothbrush/toothpaste
	1	Padlock with 2 keys (one in service record) - NO COMBINATION LOCKS!		1	Soap
		Religious materials (optional)		1	Shaving gear (optional for females)
	1	Shoeshine kit (paste only)		1	Deodorant
				1	Comb/brush
					Feminine products (females)
					Pins, rubber bands, gel to secure hair (females)
					Moleskin (VERY IMPORTANT!)

**CONTRABAND!!! THE FOLLOWING ARE PROHIBITED (DO NOT BRING):**

Make-up and perfumes/colognes

Controlled substances

Pornographic materials

Electrical appliances

Aerosol cans (e.g., hairspray, shave cream)

Weapons

Matches/lighters

Tobacco products

Glass containers

Jewelry (exc: small silver ball earrings for females)

**\*\*NOTE: Any contraband items brought by mistake must be turned back to the adult escorting to training.**

**\*\*NOTE: CELL PHONES – commercial travelers may turn in during check-in; these will be returned on departure day.**





UNITED STATES NAVAL SEA CADET CORPS  
Headquarters & Service Company  
Summer Training Command  
Marine Corps Base, Camp Pendleton, CA

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CODE OF CONDUCT

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So that this command and all its personnel may effectively work together as a team in a safe environment conducive to learning and esprit de corps, we have established the following Code of Conduct. It will govern all our behavior, from the Commanding Officer to the most junior Cadet. All personnel, cadets, and staff:

1. Will conduct themselves in a professional and military manner so as to bring credit to themselves, their home unit, the United States Naval Sea Cadet Corps, and the United States Navy.
2. Will not use vulgar, profane, humiliating, or racially/ ethnically slanted language or address to one another.
3. Will not threaten, or attempt to do bodily harm to one another.
4. Will not take, obtain, or withhold by any means, the property, money, or other articles of value from another.
5. Will not introduce with the intent to use, sell, transfer, or distribute any amount of illicit drugs or paraphernalia, alcoholic beverages, or tobacco products.
6. Will not engage in collection, soliciting, or distributing funds of any kind except as authorized by the command.
7. Will not willfully damage or destroy any government or personal property.
8. Will refrain from physical contact, hand-passed notes, or romantic interludes that are prejudicial to good order and discipline.
9. Will speak to or about each other in a respectful manner. There is to be no arguing, gossiping, backbiting, teasing, or other language deemed unacceptable.

Failure to abide by this Code of Conduct and other guidelines established by the Commanding Officer may result in disciplinary action, extra military instruction (EMI) or dismissal from training.

All reported violations of this Code of Conduct will be investigated. Accusations determined to be knowingly false will carry the same penalty as the violation itself. Summer Training Command, Camp Pendleton, CA is \*not\* the place to joke around. Don't forget where you are and what you're here for.

This command has a ZERO TOLERANCE policy concerning hazing, sexual harassment, and fraternization. This includes bullying, use of foul language, and any negative behavior that takes away from a safe and positive training environment. Transportation costs for anyone dismissed from training rest with the parents or home unit.

V. Manoogian, LCDR, NSCC  
Commanding Officer

U. S. NAVAL SEA CADET CORPS  
PACIFIC SOUTHWEST REGION

**Standing Orders**

These orders are to remain in effect for the duration of the training unless modified by competent authority. Failure to obey them will be regarded as a breach of discipline and will subject you to disciplinary action.

1. All cadets will rise at reveille. You will rise promptly and put on the uniform of the day. You will clean and square away your company area in preparation for morning inspection. You will be ready for muster at the appropriate time. Staff Cadets and Officers will rise 10 minutes prior to trainees.
2. You will be present at every muster and in the proper uniform of the day unless excused by the proper authority.
3. You will maintain proper military bearing at all times and observe all military customs and courtesies.
4. You will stand all assigned watches in a military and seamanlike manner.
5. You will not leave the assigned training area or berthing area without the approval of proper authority.
6. You will observe the chain of command. You will initiate requests and reports by addressing your squad leader.
7. You will at all times display due regard for the health, welfare, and safety of yourself and your shipmates.
8. You will not pretend to be ill or injured.
9. You will not embarrass or degrade another person.
10. There will be no smoking.
11. You will not fight or engage in skylarking.
12. The use of illegal or controlled substances is prohibited.
13. You will not leave any electrical appliances unattended while plugged into a circuit.
14. No trainee will be out of their bunks between lights out and reveille unless they are on watch, using the restroom (head) or with approval of proper authority. Staff Cadets will observe lights out one hour after trainees.
15. Staff will remain in uniform while in a duty status.
16. All trainees will respect and observe "out of bounds" notices and "off limits areas" throughout the barracks.
17. Trainees may not use phones.
18. You will not loiter on the quarterdeck. All trainees on the quarterdeck will be in the uniform of the day.
19. All meals will be eaten as a company unless excused by proper authority.
20. Forms of address:
  - \*The Commanding Officer will be addressed as Captain, Skipper, or by rank and name.
  - \*The Executive Officer will be addressed as Commander or by rank and name.
  - \*All other officers will be addressed by rank and name. (EX: LCDR O'Riley, Ensign Collins, Instructor Gorman)
  - \*Chief Petty Officers will be addressed as CHIEF.
  - \*Company Commanders will be addressed as CC.
  - \*Assistant Company Commanders will be addressed as ACC.
  - \*All other staff cadets will be addressed by rank and name. (EX: Petty Officer Brown, Seaman Smith)
  - \*Recruits will be addressed as Recruit (last name) (EX: Recruit Johnson)

**NOTICE**

This form, used as a supplement to the Report of Medical History, is **MANDATORY** for all Cadets who are currently taking medication and will report to training with prescription and/or non-prescription (over the counter) medications. Cadets may bring prescription and non-prescription medication to training as long as the medication is not for a contagious illness or physical condition that would normally preclude his/her full participation in rigorous physical activity. Medication must NOT have expired. This form is to be used in conjunction with the current report of Medical History when screening cadets prior to attending "ALL" trainings for those taking medications.

**THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE.** If the cadet is taking prescription medications, a qualified medical provider must endorse this document in Section 10, confirming the accuracy of the prescription information provided. Medical provider signature for OTC medications is NOT REQUIRED; parent signature is sufficient for OTC medications.

Commanding Officers of Training Contingents (COTC) and Senior Escort Officers (SEO) retain the obligation and right to deny acceptance for training to any Cadet if upon review of the Report of Medical History and this document, it is determined that the Cadet is not physically and/or medically qualified (without ADA accommodation). This includes a determination that they do not have sufficient or qualified personnel to administer required medications. Parents/Legal Guardians should be consulted before making these type determinations.

**1. PERSONNEL INFORMATION**

<b>1a.</b> Last Name	<b>1b.</b> First Name	<b>1c.</b> MI	<b>1d.</b> Social Security Number
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**2. TRAINING INFORMATION**

<b>2a.</b> Training Code	<b>2b.</b> Training Start Date	<b>2c.</b> Training End Date	<b>2d.</b> Training Days	<b>2e.</b> Training Location
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**3. PACKAGING AND LABELING REQUIREMENTS**

<b>3a. Prescription Medication</b> <ul style="list-style-type: none"> <li>Must be in the original container from the pharmacy or manufacturer.</li> <li>Must have a complete prescription label attached to the container.</li> <li>The container will only contain the medication it is labeled for.</li> <li>The Cadet must be the person prescribed the medication and his or her name must appear on the prescription label.</li> </ul>	<b>3b. Non-Prescription Medication (Over the Counter)</b> <ul style="list-style-type: none"> <li>Must be in the original container from the manufacturer.</li> <li>Must have a complete manufacturer's label attached to the container identifying the contents and directions for use.</li> <li>The container will only contain the medication it is labeled for.</li> </ul>
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**4. PRESCRIPTION OR NON-PRESCRIPTION MEDICATION** *(Use additional documents if more than three medications are provided)*

<b>4a.</b> Name of Medication	<b>4b.</b> Strength	<b>4c.</b> Total Quantity Required	<b>4d.</b> Total Quantity Sent
<b>4e.</b> Storage (Use Block 7, if necessary) <input type="checkbox"/> Refrigerate <input type="checkbox"/> Child-Proof Cap <input type="checkbox"/> Other:	<b>4f.</b> Frequency and Dosage (check one) <input type="checkbox"/> As needed, as labeled <input type="checkbox"/> On schedule, as labeled <input type="checkbox"/> Other: See Block 4l and/or Block 7		
<b>4g.</b> Prescribing Provider Name	<b>4h.</b> Prescribing Provider Phone Number	<b>4i.</b> Prescribing Provider Phone Number (alternate)	
<b>4j.</b> Reason for medication <i>(Describe in detail if necessary)</i>			
<b>4k.</b> Relevant side effects to be observed if any: <i>(Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)</i>			
<b>4l.</b> List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.			
<b>4m.</b> Expected effects if medication is not taken as directed.			

**5. PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS** *(Use additional documents if more than three medications are provided)*

<b>5a.</b> Name of Medication	<b>5b.</b> Strength	<b>5c.</b> Total Quantity Required	<b>5d.</b> Total Quantity Sent
<b>5e.</b> Storage (Use Block 7, if necessary) <input type="checkbox"/> Refrigerate <input type="checkbox"/> Child-Proof Cap <input type="checkbox"/> Other:	<b>5f.</b> Frequency and Dosage (check one) <input type="checkbox"/> As needed, as labeled <input type="checkbox"/> On schedule, as labeled <input type="checkbox"/> Other: See Block 5l and/or Block 7		
<b>5g.</b> Prescribing Provider Name	<b>5h.</b> Prescribing Provider Phone Number	<b>5i.</b> Prescribing Provider Phone Number (alternate)	
<b>5j.</b> Reason for medication <i>(Describe in detail if necessary)</i>			
<b>5k.</b> Relevant side effects to be observed if any: <i>(Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)</i>			
<b>5l.</b> List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.			
<b>5m.</b> Expected effects if medication is not taken as directed.			

## MEDICAL HISTORY SUPPLEMENTAL

<b>6. PRESCRIPTION OR NON-PRESCRIPTION MEDICATION</b> <i>(Use additional documents if more than three medications are provided)</i>			
<b>6a.</b> Name of Medication	<b>6b.</b> Strength	<b>6c.</b> Total Quantity Required	<b>6d.</b> Total Quantity Required
<b>6e.</b> Storage (Use Block 7, if necessary) <input type="checkbox"/> Refrigerate <input type="checkbox"/> Child-Proof Cap <input type="checkbox"/> Other:	<b>6f.</b> Frequency and Dosage (check one) <input type="checkbox"/> As needed, as labeled <input type="checkbox"/> On schedule, as labeled <input type="checkbox"/> Other: See Block 6l and/or Block 7		
<b>6g.</b> Prescribing Provider Name	<b>6h.</b> Prescribing Provider Phone Number	<b>6i.</b> Prescribing Provider Phone Number (alternate)	
<b>6j.</b> Reason for medication <i>(Describe in detail if necessary)</i>			
<b>6k.</b> Relevant side effects to be observed if any: <i>(Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)</i>			
<b>6l.</b> List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.			
<b>6m.</b> Expected effects if medication is not taken as directed			
<b>7. REMARKS</b> (please include comments as required by Blocks 4, 5 and/or 6. Also provide any other medical history that you or your physician deems important)			
<b>8. STATEMENT OF UNDERSTANDING AND CONSENT</b>			Parent/Guardian Initial Below
<b>8a.</b> During the NSCC/NLCC training evolution, NSCC medical personnel on duty and/or assigned NSCC staff members have my permission to administer the medication listed in Block 4, Block 5 and/or Block 6. I understand that all medications provided to the NSCC training contingent staff, must be in the original medication bottle containing all of the information required by Block 4, 5, and/or 6.			
<b>8b.</b> I give consent to the NSCC staff to contact the medical provider as needed for clarification with regard to medications listed and the conditions for which the medication is prescribed. The medical provider has been notified that the NSCC is authorized to obtain medical/prescription information if necessary.			
<b>8c.</b> I understand that all medications will be collected at the beginning of training and administered to the Cadet based on dosing instructions on the medication bottle/package. In no instance will Cadets be allowed to self-medicate with any medication whether it is over the counter or prescription. I understand I must provide the required amount of medication needed for the entire duration of the training evolution.			
<b>8d.</b> I understand that the Commanding Officer of the Training Contingent (COTC), and/or National Headquarters (NHQ) retains the authority to not accept and/or terminate Cadet's training at any time due to medical/other reasons. If terminated, parent agrees to immediately pick up their son/daughter upon notification by the COTC and/or training staff.			
<b>9. AUTHORIZATION AND RELEASE</b>			
I certify that, to the best of my knowledge, the information provided is true and accurate and I have disclosed all pertinent medical history. Furthermore, I authorize the Naval Sea Cadet Corps, its agents, officials, and training staff members, to dispense medication listed on this authorization and I "Hold Harmless" the Naval Sea Cadet Corps from any and all liability, actions, or causes of action for damages or injury that may arise, directly or indirectly, from my child's use of medication while participating in Naval Sea Cadet Corps activities. I understand that training staff members may not be medical professionals and that medication will be dispensed according to the manufacturer's instructions and/or the instructions I provided on this authorization.			
<b>9a.</b> Name of Parent/Guardian (Type or Print)	<b>9b.</b> Signature	<b>9c.</b> Date (DD MMM YY)	
<b>10. ENDORSEMENTS</b>			
I have reviewed the medical record of this cadet and certify that the medications listed on this form are true and correct as prescribed and that this cadet is physically able to attend the listed training evolution.			
<b>10a.</b> Name of Medical Provider (Type or Print)	<b>10b.</b> Signature	<b>10c.</b> Date (DD MMM YY)	
I certify that I have reviewed the above information and the Cadet listed on this form is physically able to attend the listed training evolution.			
<b>10d.</b> Name of Commanding Officer (Type or Print)	<b>10e.</b> Signature	<b>10f.</b> Date (DD MMM YY)	