

# Welcome Aboard for Summer 2018 STEM/Underwater Robotics Training!

This year's lab curriculum will include the building the standard SeaPerch robotic vehicle with the National Competition as its mission. Modifications to the robot will be a priority to enable the 'Perch to accomplish its mission. 3D printing will be introduced as a process to enhance the performance of the vehicle, and at least one component of the vehicle will include a 3D printed component.

The classroom curriculum includes the studies of those sciences which effect the design and deployment of underwater robotic vehicles. Included in the studies will be electrical theory, electronics, buoyancy, pressure, stability, and propulsion. Each cadet will build a simple power supply and study the function of each component.

Berthing will be established at the US Forest Service's OHV work center located across from Lake Arrowhead; indoor and outdoor sleeping arrangements will be available.

Excursions will be to Lake Arrowhead and Big Bear Lake, with forest excursions discovering the value of aerial robotics as an aid to field reconnaissance and search and rescue.

THIS TRAINING REQUIRES A 3.0 MINIMUM CUMULATIVE GPA. A current grade report must be submitted in order for orders to be approved.

### **Location and Dates**

**LOCATION:** US Forest Service Off-Highway Vehicle (OHV) Work Center, 29102 Hospital Road, San Bernardino, CA 92402

#### **TRAINING DATES:**

- July 15 28, 2018
- Cadets traveling by private vehicle will check in at the Ontario Airport USO on Sunday, July 15, at Noon.
- Cadets arriving by air should arrive at the Ontario, CA, Airport no later than 1:00 PM on July 15.
- Officers and will arrive as directed by the OIC.

Go to page 3 (or click <u>here</u>) 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.nsccpsw.org. Click <a href="here">here</a> to link directly to that form.
  - Pay for training and shuttle (if using) at our online store. Click <a href="here">here</a> to link there.
  - Submit grade report showing 3.0 GPA minimum.
  - 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.

## INTERESTED IN STAFFING?

Officers wishing to staff this training must be approved by LT Anastasi.

For more information on becoming a member of STEM/Underwater Robotics Staff, go to page 4 (or click here).

## ALL THE OTHER STUFF YOU NEED TO KNOW

- TRAINING OBJECTIVES AND EXPECTIONS 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/nsccpsw.
  - 2) Completion of the ADDITIONAL INFORMATION FORM at www.nsccpsw.org.
  - 3) Submit a recent grade report showing a 3.0 minimum cumulative GPA. This can be uploaded
  - to Magellan or emailed to admin@nsccpsw.org.
  - 4) Submission of Medical Supplemental Form and/or Request for Accommodation if either are needed.

#### NO ORDERS WILL BE APPROVED UNTIL ALL 4 PARTS ARE COMPLETE!!!

- **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.nsccpsw.org. Click on Summer 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 and we want to be able to apply your payment correctly. 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 **ONTARIO AIRPORT USO**, 1940 Moore Way, Ontario, CA, at <u>Noon on Sunday, July 15, 2018</u>. Please allow about at least an hour for the check-in process and <u>make sure you have eaten lunch before you arrive</u>. PARENTS MUST REMAIN ONSITE UNTIL THEIR CADET HAS CLEARED ADMIN!!!!

### • CADETS ARRIVING BY COMMERCIAL CARRIER:

All cadets flying to training should plan to arrive at **ONTARIO INTERNATIONAL AIRPORT** on Sunday, July 15th, NO LATER THAN 1:00 PM, and depart on Saturday, July 28th, no earlier than 1:00 PM (unless other arrangements have been made).

### • OFFICERS:

Staff Officers should arrive as directed by the OIC.

### **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@nsccpsw.org no later than 01 Jul 18 but it is not necessary to provide this information when you register.

**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 <a href="mailto:srd@nsccpsw.org">srd@nsccpsw.org</a> to discuss **PRIOR** to booking any tickets.

Parents are reminded that sometimes 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.

Upon arrival at the Ontario airport, you will proceed to the USO. To get to the USO, exit the main terminal and turn right – just past the end of the terminal you will see a sign showing where to wait to get the bus to the USO. They will have a list of our arrivals so please check in with them. 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 909-754-3350 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:** Graduation events will take place on Saturday, July 28th, at 10:00 AM. Cadets not traveling by commercial carrier will be available for pick-up at 11:00 AM.

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## **INTERESTED IN STAFFING?**

Officer inquiries should be directed to LT Gene Anastasi at <u>geneanastasi01@gmail.com</u>. 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 EXPECTIONS

**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 and NSCC Staff Cadets 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.

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## PREPARING FOR TRAINING

<u>HAIRCUTS</u>: All hair must conform to NSCC standards. <u>Cadets may not check-in without a proper haircut.</u>

**CADET PREPARATION:** All cadets need to understand that this is a TRAINING evolution. 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 will be a lot of walking during this training and boots are more comfortable if they have been broken in.

**PHYSICAL READINESS TEST (PRT):** As this is an advanced training, no PRT is required during training. However, it will be expected that the cadet will have passed PRT during the six months prior.

<u>MEDICAL RESTRICTIONS</u>: Trainees 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 <u>are</u> permitted. **If your cadet will need to take ANY medications,** a **Supplemental Medical History** (**Page 7/8**) which is included in this packet <u>must be completed and approved prior to registering for training.</u> 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**

**CADET MAIL:** There will be no mail service for this training, given the limited access in the area.

**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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<u>QUESTIONS/CONCERNS</u>: 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@nsccpsw.org.

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

LCDR Vahan Manoogian, NSCC

Commanding Officer

srd@nsccpsw.org

LT Gene Anastasi, NSCC

STEM/Underwater Robotics Training OIC

geneanastasi01@gmail.com

#### 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 - STEM/UNDERWATER ROBOTICS 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	Х	AMT	ITEM
		WORKING UNIFORM			
		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
		Uniform jacket (or anything that will keep you warm			Uniform jacket (or anything that will keep you warm at
	1	at night)		1	night)
	1	Pair of black working boots		1	Pair of black working boots
	1	Matching cover		1	Matching cover
		DRESS UNIFORM			PT CLOTHES
	1	Dress white uniform		2	Pairs PT shorts
	1	Black Neckerchief		2	T-shirts
	2	White T-shirts		6	Pairs of white athletic socks
	1	Pair of black uniform dress shoes		1	Swimsuit (females: one-piece only)
	1	Cover ("Dixie Cup")		2	Athletic bras (females)
					Any braces (knee, ankle, etc.) you currently use
		MISC. CLOTHING ITEMS		1	Pair of sweats
	8	Sets of underwear (Males: Boxers OK)		1	Pair of athletic/running shoes
	1	Bathrobe/shower wrap (optional)			
	1	Pair of shower shoes			HYGIENE ITEMS
	1	Rain poncho		1	Tube of SPF 15 or greater sunscreen
		Pair small ball earrings (optional, females only) - gold			
	1	for CPOs, silver for all other cadets		1	Chapstick

X	AMT	ITEM	X	AMT	ITEM
				2	Towels
		OTHER		2	Washcloths
	1	Canteen with belt or Camelback water system		1	Hand soap (small pump bottle)
	1	Sea bag		1	Hand sanitizer (kept in uniform pocket)
	1	Sleeping bag and pillow		1	Shampoo
	1	Blanket (OPTIONAL, if you get cold)		1	Toothbrush/toothpaste
		Twin bottom sheet (optional, to put over plastic on			
	1	mattress)		1	Soap
	1	Chain to wear lock key around neck		1	Shaving gear
	1	Black ballpoint pen		1	Deodorant
	4	#2 pencils		1	Comb/brush
	1	Composition notebook			Feminine products (females)
	1	Sewing kit			Pins, rubber bands, gel to secure hair (females)
	1	Mesh laundry bag			Moleskin (VERY IMPORTANT!)
	1	Small flashlight			
		Padlock with 2 keys (one in service record) - NO			
	1	COMBINATION LOCKS!			
		Religious materials (optional)			
	1	Shoeshine kit (paste only)			

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

Make-up and perfumes/colognes Weapons

Controlled substances Matches/lighters
Pornographic materials Tobacco products

Electrical appliances Glass containers

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

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.
- 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.
- 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.

### 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)

U.S. NAVAL SEA CADET CORPS
U.S. NAVY LEAGUE CADET CORPS

## CADET APPLICATION MEDICAL HISTORY SUPPLEMENTAL

FOR OFFICIAL USE ONLY

#### NOTICE

This form, used as a supplement to the Report of Medical History, is <u>MANDATORY</u> 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 <u>prescription medications</u>, 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.

making these type determinations.												
1. PERSONNEL INFORMATION												
1a. Last Name		1b. First Name					1c. MI	<b>1d.</b> S	Social Security Number			
2. TRAINING INFORMATION												
2a. Training Code	ning End Da	ig End Date 2d. T		raining Days 2d. Training		ocation						
3. PACKAGING AND	3. PACKAGING AND LABELING REQUIREMENTS											
<ul> <li>3a. Prescription Medication</li> <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> <li>3b. Non-Prescription Medication (Over the Counter)</li> <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>										n the manufacturer. Is label attached to the container as for use.		
4. PRESCRIPTION (	OR NON-PRESCRIPTION M	EDICATION	ON (Use add	ditional	l docume	nts if more th	an three medica	ations are prov	vided)			
4a. Name of Medicat	ion			4b. Strength 4c. Total Qua			4c. Total Qua	antity Required		4d. Total Quantity Sent		
4e. Storage (Use Blo	ck 7, if necessary)			4f. Frequency and Dosage (check one)								
	Child-Proof Cap  Other:				As neede	d, as labeled	On sched	ule, as labeled	1 🗆 O	ther: See Block 4I and/or Block 7		
<b>4g.</b> Prescribing Provi	der Name		4h. Prescrib	Prescribing Provider Phone Number				4i. Prescribing Provider Phone Number (alternate)				
4j. Reason for medication (Describe in detail if necessary)												
4k. Relevant side effects to be observed if any: (Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)												
41. List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.												
4m. Expected effects if medication is not taken as directed.												
5. PRESCRIPTION C	OR NON-PRESCRIPTION M	EDICATION	ONS (Use ad	ddition	al docum	ents if more	than three medi	cations are pr	ovided)			
5a. Name of Medicat			5b. 9	Strength		<b>5c.</b> Total Quantity Required			5d. Total Quantity Sent			
<b>5e.</b> Storage (Use Blo	5f. Frequency and Dosage (check one)											
Refrigerate Child-Proof Cap Other:					As needed, as labeled On sched				dule, as labeled Other: See Block 5I and/or Block 7			
<b>5g.</b> Prescribing Provider Name <b>5h.</b> Prescribing Pro						g Provider Phone Number  5i. Prescribing Provider Phone Number (alternate)						
5j. Reason for medication (Describe in detail if necessary)												
<b>5k.</b> Relevant side effects to be observed if any: (Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)												
51. List any other important information about this medication since access to medical information or facilities could be delayed due to training activates or location.												
5m. Expected effects if medication is not taken as directed.												

	MEDICAL									
6. PRESCRIPTION OR NON-PRESCRIPTION MEDICA	ATION (Use addit	tional documents if more	than three medicati	ons are provided)						
6a. Name of Medication		6b. Strength	6c. Total Quan	tity Required	quired 6d. Total Quantity Required					
<b>6e.</b> Storage (Use Block 7, if necessary)  ☐ Refrigerate ☐ Child-Proof Cap ☐ Other:		6f. Frequency and Dosage (check one)  As needed, as labeled On schedule, as labeled Other: See Block 6l and/or Block 7								
6g. Prescribing Provider Name	<b>6h</b> Prescribi	ing Provider Phone Numl								
		Ing i rovider i none rami	001	<b>6i.</b> Prescribing Provider Phone Number (alternate)						
6j. Reason for medication (Describe in detail if necessary)										
<b>6k.</b> Relevant side effects to be observed if any: (Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)										
61. List any other important information about this medication since access to medical information or facilities could be delayed due to training activates or location.										
6m. Expected effects if medication is not taken as direct	eted									
8. STATEMENT OF UNDERSTANDING AND CONSE	NT					Parent/Guardian Initial Below				
<b>8a.</b> During the NSCC/NLCC training evolution, NSCC administer the medication listed in Block 4, Block 5 an must be in the original medication bottle containing all of	d/or Block 6. I und	derstand that all medicat	tions provided to the							
<b>8b.</b> I give consent to the NSCC staff to contact the med which the medication is prescribed. The medical provincessary.										
<b>8c.</b> I understand that all medications will be collected a medication bottle/package. In no instance will Cadets bunderstand I must provide the required amount of medi	e allowed to self-	medicate with any medic	cation whether it is o							
	8d. 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.									
9. AUTHORIZATION AND RELEASE										
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.										
9a. Name of Parent/Guardian (Type or Print)  9b. Signature					<b>9c.</b> D	ate (DD MMM YY)				
10. ENDORSEMENTS										
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.										
10a. Name of Medical Provider (Type or Print)		10b. Signature			10c. Date (DD MMM Y					
I certify that I have reviewed the above information a	and the Cadet lis	sted on this form is phys	sically able to atter	nd the listed training	g evolution.					
10d. Name of Commanding Officer (Type or Print)	<b>10e.</b> Signature			10f. l						