



Cadet Medical Form
 Youth Challenge Academy Hawaii – Kapolei
(Entire Form Must Be Completed)

Part I – (Parents/Guardian)

Cadet	Last Name	First Name	Birthdate
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Cadet Living Address, City, State, Zip Code _____

Cadet Health Insurance Name: _____

Cadet Insurance Number: _____

Insurance Holder	Last Name	First Name	Birthdate
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Does the cadet have any of the following or other medical diagnoses confirmed by a physician at some time in their life **(Circle All That Apply)**

Asthma | Eczema | Depression | Anxiety | ADD/ADHD | Kidney Problems

Diabetes | High Blood Pressure | Lung Problems (Not Asthma) | Heart Problems | Cancer

Does the cadet taken any current medication (include all medication, OTC as well) **YES | NO**

Medication Name(s)	Dosage(s)	How Often Medication Is Taken

Please name any surgeries the cadet has had in the past (Reason and Date):

Please list any hospitalizations the cadet has had in the past (Reason and Date):

Any Allergies to Medication/Food/Other:

As their parent/guardian is it ok for them to start nicotine patches, gum, lozenges, or bupropion medication while at the academy? **YES | NO**

Has the Cadet ever been referred to Anger Management/Behavioral Health? **YES / NO**

Does your child see a Therapist, Psychologist, and/or Psychiatrist? **YES / NO**

Name of Physician/Doctor: _____ Phone: _____

Sometimes medications are prescribed by doctors while a cadet is attending the academy, do you give the academy staff permission to administer these medications? **YES | NO** Initials _____

If a relative of the cadet (Mom, Dad, Aunty, Uncle, etc.) is needed to pick up the medications, please give the relatives information below so that the academy can contact them if needed.

Relative Last Name	First Name	Phone Number	Relationship to Cadet
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Please list any family health history (parents, grandparents, aunts or uncles, etc.):

Example: Grandmother: Asthma, Dad: Diabetes

Do you give permission for Dr. Berg and his associates to share all cadet health information with YCA staff as appropriate, to help care for the cadet while at the academy? **YES | NO** Initials _____

I have answered the questions truthfully and to the best of my knowledge. Any changes in status must be reported immediately to Youth Challenge Academy Medical Department.

Print Name	Signature	Date
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FOR MEDICAL DEPARTMENT USE ONLY (PART I & II)

Medical Review/Interview (1 st)		Comments:
Date & Initial		
Medical Review/Interview (2 nd)		Comments:
Date & Initial		

Approved:	Not Approved:	Pending:
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