



REPLY TO
ATTENTION OF

CALIFORNIA CADET CORPS
HEADQUARTERS, 11TH BRIGADE
1535 WEST HIGHLAND AVENUE
SAN BERNARDINO, CALIFORNIA 92411-1235

CACC-11

July 10, 2024

CIRCULAR 011-2425-004

Battalion Level Bivouac 2024
October 10th-13th, 2024
Hubert Eaton Scout Reservation

GENERAL: Our Brigade will conduct a **Brigade Level Bivouac** on **October 10th- 13th, 2024**. The event will take place at Camp Big Horn @ Circle X Ranch, Hubert Eaton Scout Reservation, Deep Creek Camp Rd, Running Springs, CA 92382

1. There is NO cost for this event. Please ensure that the Cadets and their families understand that if they say they are going then they need to attend. When they do not attend it means we waste money for food and supplies that ends up not being used.
2. Commandants are reminded they are required to have one chaperone for each 10 participating cadets to include Brigade staff members. Chaperones who are not employed by the district must submit all necessary paperwork and meet all requirements to be approved as district volunteers prior to the trip. This must be done at the beginning of every school year.
3. Commandants must maintain copies of all permission slips, Report of Medical History, General Media Release, Physician's Recommendations for Medication Form, Cadet Conduct Contract on their person during the event. No cadets may be added after 03 October 2024 without approval from the Brigade Advisor. Incomplete permission slips and other forms will not be accepted. ALL information must be filled out in order to be considered complete. Please note, the following items are due no later than COB 03 October 2024 to LTC West. All updated rosters need to be in the google file for review. Late submissions will not be accepted without approval from the Brigade Advisor.
 - i. A master roster of cadets and chaperones using the Brigade Event Roster Template with all boxes completed, to include IEP accommodations and student ID numbers in the google drive.
 - ii. Medical Information Roster Template with all boxes completed. *This will be **EMAILED** to LTC Chris West chris.west@sbcusd.com.*

**Copies of the permission slip(s), CACC Form 203, General Media Release, Physician's Recommendations for Medication Form, Cadet Conduct Contract and Cadet Roster spreadsheet are provided as attachments to this document.*

- b. Due to camp remoteness and the size of the facility, parental visits are not permitted.

4. TRAINING:

- a. This is a battalion level bivouac. Battalions can provide trainings aligned to the CACC curriculum. Battalions can reference the CACC Regulations for their trainings as needed. Commandants will develop a training schedule and activities in areas of their choosing. This will allow battalion staff to gain the valuable experiences of leadership usually only available at brigade level. Commandants may cross train with other battalions for more effective training and supervision.
- b. Food and supplies will only be issued on Thursday, 10 October 2024. After this date no food or supplies will be issued. Commandants need to develop a plan to ensure that during issue they have all required items.
- c. Other activities available at the camp site will be determined and scheduled at a later date.
- d. Commandants may teach survival techniques but no training at this event will result in cadets being awarded the survival training ribbon or red beret without prior approval from HQ CACC.
- e. Curriculum for bivouac: training for bivouac will come from CR 3-6 or other regulations as approved by brigade advisor.

5. **DISCIPLINE:** Minor disciplinary infractions will be taken care of by the assigned commandant of cadets. Major infractions must be reported to the site administrator immediately and may result in an immediate phone call to a parent, who will be required to come and pick up their child or other actions as required. As this is a SBCUSD sponsored event, all district guidelines, policies, and procedures will be enforced.
6. **SCHEDULE:** The advance party will depart SBCUSD at 0830 on Thursday, 10 October 2024 and from the main body not earlier than (NET) 0900. **If leaving in the morning please be sure to request lunches for your cadets through your Cafeteria manager.** Cadets should arrive at the site NET 1030 and NLT 1800 on Thursday unless coming on Friday. Schools that are unable to leave at 0900 may leave after final dismissal or earlier at the discretion of their principal. Departure from the bivouac site is anticipated to be NET 1200 and NLT 1415 hours on Sunday, 13 October 2024. An outline of the training schedule is as follows: (subject to change without notice)
 - a. **Thursday**

i. Arrival and in-processing	0900-1830
ii. Camp Set up (by battalions)	1030-1830
iii. Evening meal	1830-1930
iv. Personal hygiene	1930-2200
v. Lights out	2200
vi. Guard Duty as assigned by battalions	2200-0600
 - b. **Friday**

i. Wakeup	0600
ii. Brigade Assigned	0600-2200
iii. Lights out	2200
iv. Guard Duty as assigned by battalions	2200-0600
 - c. **Saturday**

i. Wakeup	0600
ii. Brigade Assigned	0600-2200
iii. Lights Out	2200
iv. Guard Duty as assigned by battalions	2200-0600
 - d. **Sunday**

i. Wakeup	0600
ii. Breakfast/Police Area / Tear down camp	0600-1100
iii. Lunch	1100-1200
iv. Formation Ceremony	1200-1215
v. Departure	1215
7. **TRANSPORTATION:** The 11th Brigade participants will be transported to and from the bivouac by SBCUSD Bus Services at District expense (paid by each participating school or other sources), departing school sites after Breakfast NET 0900, on Thursday 10 October 2024 (advance party at 0830) and return to SBCUSD on Sunday 13 October 2024 at approximately 1430 p.m. Transportation will be paid for by each participating school or other sources of funds. Schools will share a bus to help alleviate the cost to individual schools.
8. **ELIGIBLE CADETS:** All cadets are eligible to attend this event. Cadets need to be academically eligible and not be on an active behavior contract or agreement. Commandants may bring 25 cadets to this event due to budget constraints. Final decision of cadets attending this event is at the discretion of the Director of Secondary Education.
9. **FOOD SERVICE:** Cadets will be assigned by their battalions and will be provided foodstuffs for the weekend from the brigade. Companies will prepare their own food using stoves and utensils provided by the Brigade. Please notify the Brigade HQ when you submit your rosters of any cadets with special dietary restrictions. The food to prepare dinner Thursday, three meals Friday and Saturday, and a morning and noon meal Sunday will be provided.
10. **SUPERVISION/COMMAND AND CONTROL:** Commandants and/or chaperone(s) are responsible for proper around-the-clock supervision and safety of their cadets while attending this event. Commandants need to ensure that they provide adequate chaperones to meet the 1 adult to 10 student ratio by gender. A commandant or chaperone assigned to that unit will be with their battalion at all times. Only chaperones cleared by the district and their schools may attend.

11. **CHAPERONES:** Commandants are reminded to have one chaperone for each 10 participating cadets. Chaperones who are not employed by the district must submit all necessary paperwork and meet all requirements to be approved as district volunteers prior to the event. Chaperones that will be included in your chaperone ratio must be 25 years or older. Updated procedures for volunteers are available through the Cadet Corps central office. Commandants are reminded that the current turnaround for approval of chaperones is approximately one week, so the approval of chaperones requires immediate commandant attention. Chaperones are required to be cleared every school year. Commandants must submit names and evidence of clearance for all volunteer chaperones to the Secondary Ed, Lilia Cervantes, 3 days prior to the event. These names will be reviewed and an email sent to the submitting commandant if they are approved or denied. Volunteer chaperones who have not been approved by the Brigade may not attend this event for any reason. Please remember for the safety of all students and adults attending the bivouac, only approved adults may attend.
12. **STANDARD UNIFORM:** All cadets participating in the bivouac must wear the Class C Cadet Utility Uniform (CUU) as outlined in CR 1-8. Commandant uniform throughout is ACU, OCP, or CMU IAW CR 1-3. If for some reason you do not have uniforms for your cadets, please request uniforms from the Brigade 30 days prior to the event. Commandants are requested to bring extra uniforms to support the needs of their cadets. Cadets are not to wear civilian clothes while attending this event at any time. All uniform policies will be strictly enforced.
13. **COMMUNICATIONS:** Standard military communication procedures will be used during the bivouac. Brigade call signs for adult and cadet personnel will be outlined in a separate annex. All radio channels 1-(00) through 4-(99) have been reserved for the brigade. Battalions will be issued limited radios to communicate with the brigade and other units. Schools may bring radios and establish their own frequencies and call signs.
14. **PARENT CONTACT:** Commandants are asked to remind parents NOT to call cadets while on the bivouac. Commandants need to develop a plan for emergency contact for their cadets.
15. **PROHIBITED ITEMS:** The following items may NOT be brought to bivouac: knives, firearms, weapons of any kind, explosives, IPOD, radios, electronic devices of any kind, drugs, alcohol, or tobacco. Cadets may bring cell phones, but the must be put away during training. In general, anything not permitted at school is not permitted at the Bivouac.
16. **SUPPLY LIST:** The brigade will supply each company with tents, food, coolers and other items as available. As quantities of some supplies may be limited, battalions may be requested to bring items for support. Cadets should bring the following items: Cadet Utility Uniform, four changes of undergarments, toothpaste, toothbrush, deodorant, other necessary personal hygiene items, four pair of clean socks, sturdy boots or shoes, warm gloves, sun block, baby wipes (as there are minimal restroom facilities), a flashlight with extra batteries, a warm jacket, sweatshirt and tennis shoes. **Cadets must also bring a sleeping bag as the weather can be unpredictable. No cadet will be allowed to attend this event without a sleeping bag designed for outdoor use in cold weather.**
17. **MEDICATION AND FIRST AID:** If a cadet requires prescription medication, please indicate so on the Medical History Form explaining the purpose and directions for administration of the medication. Each individual school commandant will collect these medicines and administer them IAW parent directives. Cadets requiring inhalers, “epi-pens”, or other emergency medications must keep these items on their person at all times. This type of medication should be kept in the top right pocket of the Class C uniform top. They should NOT be turned in to the Commandant of Cadets. The brigade will have a trauma bag in the case of an emergency. Commandants are encouraged to bring classroom first aid kits for minor injuries.
18. **RIBBONS:** Cadets who successfully complete the bivouac receive the BIVOUAC RIBBON. In addition, those assigned to HHC will receive the HHC RIBBON or BRIGADE CADRE RIBBON as appropriate. All non battalion level ribbons being awarded at this event must have prior approval from the Brigade Advisor.
19. **RISK MANAGEMENT:** Cadets will comply with CR 2-1. Cadet BDE Staff will prepare the Risk Management Worksheets for common activities (i.e. site specific hazards, food safety, etc.) and BN Cadet Staff will prepare training specific Risk Management worksheets. Risk management worksheets will be submitted to the State S-2 for approval.

BY FOR THE BRIGADE ADVISOR:

Enclosures:
Parent Letter
Permission Slip – English
Permission Slip – Spanish
Medical History Form
Medical Information Roster Template
General Media Release
Event Roster Template

Chris West
LTC, CACC
Brigade Advisor
Commandant of Cadets



10 July 2024

Dear Parents,

Your cadet is cordially invited to consider participating in a brigade level bivouac (camping trip) at Hubert Eaton Reservation in Cedar Glen California during the weekend of October 10th- 13th, 2024. Cadets will depart their respective schools at 9am on Thursday 10 October 2024 and return at approximately 2:30pm on Sunday, 13 October 2024. Schools may only take 25 students to this event or fewer cadets at their discretion. Cadets with serious medical problems that would limit their ability to march, hike, perform strenuous physical activity, withstand emotional stress, and/or be in a field setting should NOT attend this event. Cadets will be sleeping in tents and cooking their own meals outdoors and performing other activities that require a high level of physical fitness.

Cadets will travel by school bus or charter bus and will participate in a variety of outdoor activities such as camp site setup, cooking and other exciting activities. Due to the remoteness of camp and for safety concerns, parents are not able to visit cadets during their trip.

Cadets will need the following:

- Their complete Class C Uniform
 - A plain white crew neck t-shirt
 - Black or tan boots or shoes for hiking
 - Class C Belt
- Four changes of underwear, white T-shirts and socks
- Personal hygiene supplies such as deodorant, toothbrush, toothpaste, mouthwash, razor and shaving cream if necessary, soap, and a towel (cadets will **not** be able to take showers but will be given hygiene time)
- Sun block and chap stick
- Warm gloves
- A warm jacket
- A sleeping bag designed for outdoor weather (cadets will be sleeping in 16 person tents)
- A flashlight (with batteries)
- Any medication the cadet requires (must be given to the commandant).

****If the cadet has a cell phone they may bring it in order to contact parents at the end of the trip. Cadet Corps or SBCUSD is not responsible for the Cell phone if it is lost, stolen or damaged in any way.**

Cadets should NOT bring

- ⊕ IPODS, MP3 players or other electronic devices; if cadets bring these and they are stolen or lost, the Cadet Corps is not responsible and will not be able to conduct an investigation into their loss.
- ⊕ Earrings, rings, necklaces (other than religious) or other types of body piercing jewelry (either worn or on their person).
- ⊕ Knives, firearms, explosives.
- ⊕ Drugs, alcohol, or tobacco.
- ⊕ Candy, gum, soda, Monster or energy drinks, or snacks of any type.
- ⊕ Cameras of high value (cadets may bring inexpensive or disposable cameras).

- ⊕ Over \$10 of money (no money is needed as no stores are at the camp).
- ⊕ Anything that would normally be prohibited at school.
- ⊕ Cadets wearing contact lenses are encouraged to wear their glasses to prevent the possibility of infection.

If your child has a history of asthma, allergies, physical limitation, or serious medical condition, please consult your physician before signing your cadet up for the trip. The camp is at a high altitude and activities at this event are rigorous and physically demanding. If you have any questions about this, please contact your cadet's commandant.

There is NO cost for the trip. Please understand that we will pre-purchase food and other supplies based on your child's registration for this event. If your child does not attend this event for any reason that money is a loss to our budget and we will not have it for other events where it could be put to use. If they cannot attend please inform the Commandant so they may be able to fill the spot with another Cadet.

Attachments:

- ☐ Permission Slip –
- ☐ Physician's Recommendations for Medication Form –
*****If your school already has this form on file, please request a copy of the form from the schools Health Services in order for our staff to administer your child's medication.***
- ☐ Medical History Form –
- ☐ Cadet Conduct Contract –
- ☐ General Media Release –

Sincerely,

Chris West
 Lieutenant Colonel , CACC
 Brigade Advisor
 Commandant of Cadets

California Cadet Corps, 11th Brigade

1535 W. Highland Ave. ♦ San Bernardino, CA 92411 ♦ Phone (909) 880-6767 ♦ Fax (909) 473-7561

District Web Site: www.sbcusd.com

San Bernardino City Unified School District

CALIFORNIA CADET CORPS

Field Trip/Excursion Waiver and Medical Authorization - Minor

(Education Code Section 35330)

Name of School San Geronio HS Student ID

I hereby give my permission for my child, to participate in a **Brigade Level Bivouac on 10-13 October 2024** at Camp Big Horn @ Circle X Ranch, Hubert Eaton Scout Reservation, Deep Creek Camp Rd, Running Springs, CA 92382 as part of his/her regular school program. Transportation is provided by contracted school bus.

I fully understand that my child is to abide by all rules and regulations governing conduct during the field trip. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent or guardian's expense.

I understand and acknowledge that as provided in Education Code Section 35330, by consenting to allow my child to participate in this field trip, I shall, by law, be deemed to have given up all claims against the San Bernardino City Unified School District and each of its officers, employees and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the field trip. I also agree to relieve the district of any responsibility for damage to or loss of my child's property occurring during or by reason of the field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

Signature of Parent or Guardian _____ Date _____ Address _____ Home Phone _____

Signature of Student _____ Date _____ Father's Work Phone _____ Mother's Work Phone _____

Parent's Health Insurance Company _____ Policy Number _____

IN THE EVENT OF ILLNESS OR ACCIDENT AND IF UNABLE TO CONTACT ABOVE, PLEASE CONTACT:

Name _____ Address _____ Phone _____

SPECIAL NOTE TO PARENTS/GUARDIANS:

1. All drugs must be registered on this form.
2. All drugs, excepting those that must be kept on the student's person for emergency use, must be kept and distributed by the staff.
3. **Check here if there are NO special problems that the staff should be aware of and NO drugs are required on the trip.**
4. If any medication or drugs are to be taken by student, list them here, and if they are prescription, please attach a Form HE-24:

Name of Drug and Reason

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet or be sure it has been noted on the form BU-5.

REMEMBER, THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE.



REPLY TO
ATTENTION OF

CALIFORNIA CADET CORPS
HEADQUARTERS, 11TH BRIGADE
1535 WEST HIGHLAND AVENUE
SAN BERNARDINO, CALIFORNIA 92411-1235

CADET CONDUCT CONTRACT

2024 Battalion Bivouac

I agree to adhere to the following rules and expectations at all Ca Cadet Corps events.

Cadets Printed Name _____ School _____

I understand and agree that:

- ☐ Cadets will participate actively and fully in all activities and instruction. They will not be disruptive, defiant, or non-compliant during the event. Cadets will respect all persons, property, and the ideas of others.
- ☒ Cadets will follow the uniform regulations, wearing a sharp uniform at all times. ~~When in civilian clothes, all SBCUSD dress code policies apply.~~
- ☐ Cadets will use appropriate language and behavior in dealing with each other and with commandants, civilians, and other military personnel. Cadets will follow the directions of all commandants, civilians, and other military personnel while on every trip. Inappropriate language will not be tolerated.
- ☐ Cadets will attend all periods of instruction and activity as specified in the training schedule, will remain in the unit area without going out of specific bounds, and will follow the directives of cadet and adult leaders at all times.
- ☐ Cadets will not engage in fighting, play fighting, or horseplay.
- ☐ Cadets will not bring weapons, controlled substances, tobacco, drugs, drug paraphernalia, alcohol, firecrackers, fireworks, cell phones, MP3/MP4 players, any electronic devices (**cameras are allowed**), explosive devices, ammunition, imitation firearms, or any other inappropriate items to the event.
- ☐ Items not deemed to be appropriate, will be confiscated and returned to the student at the end of the trip. Items that are illegal will not be returned, and the cadet may face disciplinary actions.
- ☐ If cadets bring any prohibited item and they are stolen or lost, the Cadet Corps is not responsible and will not be able to conduct an investigation into their loss
- ☐ Cadets will adhere to the guiding principles of the Cadet Codes, leadership traits and principals.
- ☐ Cadets will show military courtesy at all times. They will also treat every adult with respect and courtesy.
- ☐ Cadets will not engage in any public displays of affection, sexual harassment, sexual assault, sexual activity, or hazing. Cadets will not engage in fraternization or act in an inappropriate way with any cadet regardless of gender.
- ☐ Cadets will not lie, cheat, steal, be in possession of illegal items or narcotics and will report instances of these activities to an adult immediately.
- ☐ Cadets will report all unsafe acts or individuals in possession of prohibited items (weapons, drugs, alcohol, ECT.) to a SBCUSD employee present or the nearest adult.

I also understand that for the safety and security of all involved:

- ☐ Cadets will not aid or abet in physical injury, nor will they engage in any form of assault, intimidation, threats, gang activity, or hate violence.
- ☐ Cadets will not receive stolen property, engage in vulgar or obscene acts, or make terrorist threats.
- ☐ Cadets may never be in the sleeping or cantonment areas of cadets of the opposite gender without express permission of an adult chaperon/commandant AND the presence of an adult. Cadets must always follow the "rule of 3" and be in groups of no less than 3 cadets.
- ☐ **My belongings and my person may be subject to search.**

It is expected that cadets will report violations of these rules either through the chain of command, or if the cadet prefers, directly to the Brigade Advisor or his/her designee or any adult chaperon/commandant.

I understand that violations of any of the above expectations may result in disciplinary action up to and including removal from the event, and suspension or expulsion in accordance with school district policies.

Signed by Cadet _____ Date _____

Signed by Parent _____ Date _____



GENERAL RELEASE

For
Community Access Cablevision
Photographs, Videotaping, Interview Comments, and Posting on the Internet

TO: Parents

FROM: CA Cadet Corps

Occasionally, the District and organizations/associations connected with the District would like to use the name, photograph(s), video recording, and/or interview comments of students for educational and promotional purposes, including District generated news articles and brochures. Such images and comments are used for news purposes' only and not for commercial use.

As part of each school's parent/ community information program, a school may wish to place a student's picture and/or names of students on the Internet or the District's/school web page.

All photographs, video recording, student comments, and postings on the Internet is done by legitimate news media personnel or School District personnel. In order to use such material, parental consent is necessary for any student under 18 years of age.

General Release

Please fill out and return to your School

Please indicate below if you give permission for your child's name, image or comments to be used:

In district brochures and press releases
(press release and accompanying photo may
Be published by local, state, or national media) ☒ YES ☐ NO

District-sponsored Internet site/web page ☒ YES ☐ NO

Student Name: _____

School: _____

Grade: _____

Parent/Guardian Signature: _____

Parent Guardian Name (Print)

Date: _____

SAN BERNARDINO UNIFIED SCHOOL DISTRICT

CALIFORNIA CADET CORPS				REPORT OF MEDICAL HISTORY				FOR OFFICIAL USE ONLY			
NOTICE											
<p>The information requested below is required to provide the medical examiner an accurate history of illnesses and injuries that may affect the applicant's ability to perform the strenuous physical exercise and exposure to living and working environments that are a part of the CACC training program. Also this information will be provided to medical examiners in case of injury or illness while participating in CACC activities. THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE. You are encouraged to consult your private physician regarding past illnesses. Proof of immunization for Polio, Measles, Mumps, Rubella and Diphtheria, Pertussis and Tetanus (DPT) plus Diphtheria and Tetanus (DT) booster may be required. Please attach a photocopy of the cadet's health insurance card, if available.</p>											
1. UNIT / GRADE INFORMATION											
1a. School Name and Battalion # (if known)										1b. Grade	
2. PERSONNEL INFORMATION											
2a. Last Name				2b. First Name				2c. MI		2d. Social Security Number	
2e. Age		2f. Date of Birth (DD MMM YY)		2g. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		2h. Parent/Guardian Name					
2i. Home Address				2j. City				2k. State		2l. Zip Code + 4	
2m. Home Phone				2n. Name of Health Insurance Provider (Cadets must have health insurance to participate)				2o. Health Insurance identification number or plan number (please attach a copy of the Health Plan ID card if available)			
3. CURRENT MEDICATION (prescription and over-the-counter, attach physicians recommendation for medication))						4. ALLERGIES (including insect bites/stings, medicine, and other substances)					
5. MEDICAL HISTORY (Mark each item "YES" or "NO" Every item marked yes must be fully explained in block 6)											
HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS:						HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS:					
		YES		NO				YES		NO	
5a. Tuberculosis		<input type="checkbox"/>		<input type="checkbox"/>		5n. Head injury, memory loss, or amnesia		<input type="checkbox"/>		<input type="checkbox"/>	
5b. Lived with someone with Tuberculosis		<input type="checkbox"/>		<input type="checkbox"/>		5o. Seizures, convulsions, epilepsy, or fits		<input type="checkbox"/>		<input type="checkbox"/>	
5c. Asthma or breathing problems related to exercise, pollen, etc.		<input type="checkbox"/>		<input type="checkbox"/>		5p. Car, train, sea, and/or air sickness		<input type="checkbox"/>		<input type="checkbox"/>	
5d. Been prescribed or use an inhaler		<input type="checkbox"/>		<input type="checkbox"/>		5q. A period of unconsciousness		<input type="checkbox"/>		<input type="checkbox"/>	
5e. Loss of vision in either eye		<input type="checkbox"/>		<input type="checkbox"/>		5r. Heart trouble or murmur		<input type="checkbox"/>		<input type="checkbox"/>	
5f. Loss of hearing or wear a hearing aid		<input type="checkbox"/>		<input type="checkbox"/>		5s. Received counseling for emotional or behavior disorder		<input type="checkbox"/>		<input type="checkbox"/>	
5g. Impaired use of arms, legs, hands, feet		<input type="checkbox"/>		<input type="checkbox"/>		5t. Eating disorder (bulimia, anorexia)		<input type="checkbox"/>		<input type="checkbox"/>	
5h. Knee problems		<input type="checkbox"/>		<input type="checkbox"/>		5u. Sleepwalking		<input type="checkbox"/>		<input type="checkbox"/>	
5i. Broken bones(s) (cracked or fractured)		<input type="checkbox"/>		<input type="checkbox"/>		5v. Bedwetting		<input type="checkbox"/>		<input type="checkbox"/>	
5j. Diabetes		<input type="checkbox"/>		<input type="checkbox"/>		5w. Been hospitalized (if yes, why, when, where)		<input type="checkbox"/>		<input type="checkbox"/>	
5k. Anemia (including sickle cell)		<input type="checkbox"/>		<input type="checkbox"/>		5x. Any illness or injury not mentioned above (if yes, explain)		<input type="checkbox"/>		<input type="checkbox"/>	
5l. Dizziness or fainting spells (including after exercise)		<input type="checkbox"/>		<input type="checkbox"/>		5y. Advised to avoid certain physical activities (if yes, explain)		<input type="checkbox"/>		<input type="checkbox"/>	
5m. Frequent or severe headaches		<input type="checkbox"/>		<input type="checkbox"/>		5z. FEMALES ONLY: At what age did you begin menstrual cycle:					

6. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problems, name of doctor(s) and/or hospitals, treatment given and current medical status)

CACC FORM 203 (REV 09/06) FRONT

PREVIOUS EDITIONS ARE OBSOLETE

CALIFORNIA CADET CORPS

REPORT OF MEDICAL HISTORY

7a. Last Name

8b. First Name

9c. MI

8. IMMUNIZATION RECORDS (Indicate date of last immunization and attach proof of immunization if available)

8a. Measles

8b. Rubella

8c. DPT/DT-Tetanus

8d. Mumps

8e. Polio

8f. TB Test

8g. Other

9. REMARKS (please include and other medical history that you or your physician deems important)

10. ENDORSEMENT

"I certify that to the best of my knowledge that the information provided is true and accurate and that I have disclosed a pertinent medical history"

10a. Parent/Guardian NAME (Type of Print)

10b. Signature

10c. Date (DD MMM Y)

CACC FORM 203 (REV 09/06), Reverse

PREVIOUS EDITIONS ARE OBSOLETE

PHYSICIANS RECOMMENDATION FOR MEDICATION

SUGGESTIONS FOR SCHOOL PROCEDURES

The procedures covering medication brought to school to be taken by pupils according to the provisions listed on the other side of this form will be expedited if the following procedures are used:

- 1.** Only medication prescribed by the pupil's physician as being necessary to be taken by the pupil in the manner listed on this form should be brought to school
- 2.** Such medication should be taken by the pupil in accordance with instructions from the physician listed on this form.
- 3.** Medication brought to school to be given to the pupil according to the provisions listed on this form should be in containers which are clearly marked with the name of the pupil; the name of the prescribing physician; an identification number or name of the medication; the druggist who dispensed the medication or the manufacturer; and the amount of medication to be taken at specified times or in specific situations.
- 4.** All medication should be kept in a secure place. Any special instructions for storage or security measures of any medication should be written by the physician and given to school personnel so that such directions can be followed.

San Bernardino Unified School District
Health Services
PHYSICIANS RECOMMENDATION FOR MEDICATION

Pupils Last Name First Name MI Age Birth date School Grade

The law allows school nurses and other designated personnel to assist the pupil in taking prescribed medication if specified written statements from physicians and parents or guardians are obtained by the district.

Ed. Code 49423

I hereby give permission my permission for school personnel to give the medication(s) listed below as directed. I also give the school nurse permission to contact the physician regarding the child's reaction to the medication or if there is a change in the child's health.

Parent or Guardians Signature Address Telephone Date

RECOMMENDATIONS SHOULD BE COMPLETED BY A PHYSICIAN ONLY

IMPORTANT: All medications will automatically be discontinued on June 30. New orders are required each school year.

#1 Medication Strength Dose Route Routine Time(s) to be given (AT SCHOOL) Stop Date
PRN Frequency

If PRN give for: _____

Side Effects, If any: _____

#2 Medication Strength Dose Route Routine Time(s) to be given (AT SCHOOL) Stop Date
PRN Frequency

If PRN give for: _____

Side Effects, If any: _____

#3 Medication Strength Dose Route Routine Time(s) to be given (AT SCHOOL) Stop Date
PRN Frequency

If PRN give for: _____

Side Effects, If any: _____

Physicians Name (printed) Signature Address Date

Telephone FAX #

BRIGADE MEDIACL INFORMATION FORM SAMPLE

11th BDE Medical Information Form

				Forbes Middle~ School 11th Brigade		
				28-Mar-25		
				Ft Benning Ga		
Commandant:		2LT Gerald Boyd				
PLEASE SAVE FILE AS: MED, NAME OF SCHOOL, EVENT, YEAR EXAMPLE MED_SERRANO_BASIC_LS_2008						
	Name	Gender	School	Medical Conditions be specific	List all medications. When medication is taken. Quantity	Allergies to all foods and insects. Reaction to allergy
exempl	JONES, BOBBY	Male	Forbes HS	asthma, heart murmur, prosthetic eye, recent oral surgery and is in pain	Ritalin 2 tab. 2 X daily , Vicodin 1 tab every 8 hours Epi Pen- As needed	Bee stings-Trouble breathing, vomiting and shock.
1	HERNANDEZ , DAVID	MALE	FORBES MS	DIABETIC	INSULIN 3 TIMES DAILY. SELF ADMINISTER	NONE
2	LEPE, JESSICA	FEMALE	FORBES MS	NONE	EPIPEN INJECTOR	OLIVES, ANAPHYLAXIS
3						
4						
5						
6						

cadet event roster

BRIGADE EVENT ROSTER TEMPLATE SAMPLE

		<i>school name</i>	SCHOOL 11th Brigade
			BASIC Leadership School
			21-Aug-10
			Camp Roberts
	Commandant:	COL Alexander	

PLEASE SAVE FILE AS: EVR, NAME OF SCHOOL, EVENT, YEAR. EXAMPLE

EVR SERRANO BASIC LS MAY 2008

[illegible]

