

Update Cadet Records

**Login into Quarterdeck
using your parent account**

Username:
Password:

LOGIN

[Forgot Your Password?](#)

[Forgot Your Username?](#)

[First Time User? Click here to Register.](#)



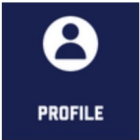
Update Cadet Records

Click on your cadet's picture

NEWS AND INFO



MY OPTIONS



MY CADETS



Update Cadet Records - Profile

Scroll Down to Parent Actions
then click on “Profile”

PARENT ACTIONS

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PROFILE

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MEDICAL
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OVER-THE-COUNTER
MEDICATIONS

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PRESCRIPTION
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ALLERGIES

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AGREEMENTS



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Update Cadet Records - Profile

Complete, verify, or correct
the below information and
then click “Save”

CADET PROFILE

First Name: ✓

Middle Initial: ✓

Last Name: ✓

Gender: ✓

☒ Male ☐ Female

Primary Phone: ✓

(Digits Only)

Cell Phone:

(Digits Only)

Email: ✓

Home Address 1: ✓

Home Address 2:

Home City: ✓

Home State: ✓

CA ▾

Home Zip Code: ✓

Home Country: ✓

United States ▾

Full Time Student: ✓

☒ Yes ☐ No

Grade:

▾

School Name: 

School Address: 

School GPA: 

SAVE

CANCEL

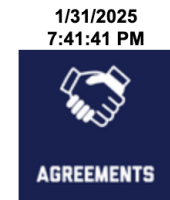
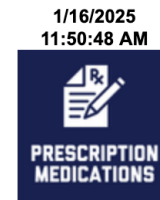
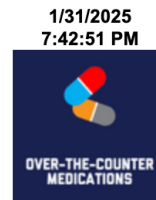
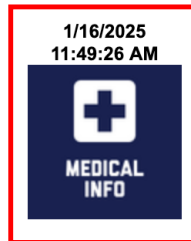
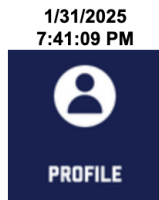
Update Cadet Records – Medical Info

Click on “Medical Info”

You will need to upload an electronic version (scan or clear pictures are fine) of:

- (1) Your insurance card – both front and back
- (2) Your cadet’s “Report of Medical Exam” – Form NSCADM 001 Pages 5 and 6
- (3) Your cadet’s “Immunization Record” – all pages
- (4) Your cadet’s “Request for Accommodation” – Form NSCADM 001 Pages 9 and 10 – **Note you only need to complete and upload this form if your cadet is requesting an accommodation under the Americans with Disabilities Act (ADA)**

PARENT ACTIONS



Update Cadet Records – Medical Info

Complete, verify, or correct the below information and then click “Save” (even if no changes are made – do not click “Cancel”) at the bottom (not shown on this slide)

CADET MEDICAL INFORMATION
✓ = required field

MEDICAL INSURANCE INFORMATION

Do You Have Medical Insurance ✓
☐ No
☐ Yes - Non TRICARE
☒ Yes - TRICARE

Medical Insurance Provider Name ✓
TRICARE

Medical Insurance Provider Phone ✓
☐ TRICARE East - Humana Military 1-800-444-5445
☒ TRICARE West - Health Net 1-844-866-9378

Proof of TRICARE Coverage Letter
<https://milconnect.dmdc.osd.mil/milconnect/> 11/20/2023 8:27:33 PM [view](#) ☐ Replace

MEDICAL PROVIDER INFORMATION

Medical Provider Name ✓

Medical Provider Phone ✓

MEDICAL HISTORY

Date of Last Physical Exam ✓

An exam must be current within 12 months

Last Physical Form 5/13/2024 11:14:56 PM [view](#) ☐ Replace

Date of last Tetanus (Td/Tdap) or booster ☒ Yes ☐ No

Date of Menactra Vaccine for Meningitis ☒ Yes ☐ No

Date of negative PPD or Medical Provider Clearance for TB ☒ Yes ☐ No

Immunization Record 3/31/2023 6:41:18 PM [view](#) ☐ Replace

Americans with Disabilities Act (ADA)

Request for Accommodation:
(Approved NSCADM001 pages 9 & 10) ☐ Replace

* Only add these pages if a request is being made

Check to make sure the insurance card, Physical Exam (Pages 5 & 6), Immunization Record, and Request for Accommodation (Pages 9 & 10)* on file are accurate and up-to-date. If not, select “Replace” and add the new card. The file will upload once you click “Save” on this screen. **Make sure you fill out all other sections before clicking “Save”**

Update Cadet Records

Click on “Health History”

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OVER-THE-COUNTER
MEDICATIONS

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PRESCRIPTION
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Update Cadet Records – Health History

Complete, verify, or correct the below information. Add any remarks to explain the condition and then click “Save” (even if no changes are made – do not click “Cancel”) at the bottom (not shown on this slide)

CADET HEALTH HISTORY

Condition	Yes / No	Remarks
Tuberculosis or live with someone with tuberculosis	☐ Y ☒ N	
Chronic or recurrent abdominal or stomach pain	☐ Y ☒ N	Add an explanation if you answer “Yes”
Asthma or breathing problems related to exercise, pollen, etc.	☐ Y ☒ N	
Been prescribed or use an inhaler	☐ Y ☒ N	
Loss of vision in either eye	☐ Y ☒ N	
Loss of hearing or wear a hearing aid	☐ Y ☒ N	
Impaired use of arms, legs, hands, feet	☐ Y ☒ N	

Update Cadet Records

Click on “Over-The-Counter Medications”

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Update Cadet Records – Over the Counter Medications

You must choose “Yes” or “No.” If you do not want certain over the counter medications from the list below given to your cadet, select “Yes” and then fill in the “Exceptions” and “Remarks” section below.

CADET OVER THE COUNTER MEDICATION LIST		
THE FOLLOWING MEDICATIONS MAY BE ADMINISTERED BY OUR STAFF WHEN REQUESTED.		
1.	Allergies:	Benadryl
2.	Colds:	Cough Medicine (Robitussin DM, Dimetapp, etc.), Throat/Cough Drops (Chloraseptic, Halls, etc.), Decongestant (Sudafed, etc.)
3.	Constipation:	Milk of Magnesia, Dulcolax, Ex-Lax, or Glycerin Suppository
4.	Cuts and Scraps:	Bacitracin ointment, Betadine, Neosporin ointment
5.	Diarrhea:	Pepto Bismol, Kaopectate, Imodium AD, etc.
6.	Headache:	Tylenol or Ibuprofen (Motrin, Advil, Aleve)
7.	Indigestion:	Calcium Carbonate (Tums, Rolaids, etc.)
8.	Itch/Rash:	Cortisone Cream or Calamine Lotion
9.	Sea/Motion Sickness:	Dramamine, Bonine, etc.
10.	Sprains:	Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil, Aleve)
11.	Sunburn:	Calamine Lotion, Topical Lidocaine Spray or Aloe Vera Gel
12.	Wounds:	Bacitracin ointments, Betadine, Neosporin Ointment
<i>Other medications not listed above may be administered if so recommended by qualified medical staff. Parents will be contacted directly when over the counter medications need to be administered during unit drills</i>		
☐ Yes, the minor identified above 'HAS' my permission to take any over-the-counter medications in accordance with label instructions as needed with the EXCEPTION of the following: ☐ No the minor identified above 'DOES NOT' have my permission to take any over-the-counter medications.		
Over-The-Counter Medication Exception		Remarks (optional)

Continue to the next slide to complete this section

Update Cadet Records – Over the Counter Medications

Read and click “Acknowledge” for each statement. Then click “Acknowledge and Save”

CADET OVER THE COUNTER MEDICATION ACKNOWLEDGEMENTS	
OTHER THE COUNTER MEDICATION ADMINISTRATION POLICY	
I understand that all medications will be 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 over the counter medication.	☒ Acknowledge
MEDICAL PROVIDER SUPERCEDE POLICY	
I understand and consent that these written instructions may be superseded if, in the opinion of a medical provider, not doing so would place the cadet in a medically compromised condition.	☒ Acknowledge
OVER THE COUNTER MEDICATION EXEMPTIONS	
I understand that If I do not want my child to be administered over the counter medications, or certain medications concurrent with other medications, I must specify those medications or write, “Do not medicate my child with any over the counter medications”	☒ Acknowledge
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. 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.	☒ Acknowledge

ACKNOWLEDGE AND SAVE

CANCEL

Update Cadet Records

Click on “Prescription Medications”

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Update Cadet Records – Prescription Medications

If your cadet does not take prescription medications, select “No,” read and acknowledge the statement and click “Acknowledge” then click “Save.”

If your cadet takes prescription medications, select “Yes,” then select “Add Medication” (see next slide). You must also complete NSCADM 001 Pages 7 and 8 and have your cadet’s doctor sign the form. Upload the form through this page. Read the statement and click “Acknowledge” then click “Save.”

If you have previously entered prescription medications, view the existing file for accuracy. If a change is needed, fill out NSCADM Pages 7 and 8 and have your cadet’s doctor sign the form. Replace the form through this page

ADD MEDICATION

PRESCRIPTION MEDICATIONS LIST

- ☐ Yes, the minor identified above 'DOES' take prescription medications that may need to be administered by the Naval Sea Cadet Corps.
- ☒ No, the minor identified above 'DOES NOT' take any prescription medications that may need to be administered by the Naval Sea Cadet Corps.

NO PRESCRIPTION MEDICATIONS AUTHORIZED.

NSCADM001 Pages 7 & 8 Upload

Approved NSCADM001 pages 7 & 8: 3/31/2023 6:47:07 PM [view](#)

☐ Replace

PRESCRIPTION MEDICATIONS ACKNOWLEDGEMENTS

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. 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.

☒ Acknowledge

SAVE

CANCEL

Update Cadet Records – Prescription Medications

Do this only if you selected “Yes” on the previous slide. Fill out all information. This information must match the information on the prescription as well as what is written on form NSCADM 001 Pages 7 and 8. Once completed, click “Save” then repeat for any additional medications.

Prescription Medications
✓ Denotes required fields

Name of Medication: ✓

Strength: ✓

Storage: ✓ ☐ Refrigerate ☐ Child-Proof Cap ☐ Other:

Frequency and Dosage (check one): ✓ ☐ As needed, as labeled ☐ On schedule, as labeled ☐ Other:

Prescribing Provider Name: ✓

Prescribing Provider Phone Number: ✓

Prescribing Provider Phone Number (alternate): ✓

Reason for medication (Describe in detail if necessary): ✓

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.)

List any other important information about this medication: ✓
Since access to medical information or facilities could be delayed due to training activities or location.

Expected effects if medication not taken as directed: ✓

SAVE

CANCEL

Update Cadet Records

Click on “Allergies”

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Update Cadet Records - Allergies

Select “Yes” or “No” to indicate if your cadet has allergies. There are four different allergy categories – Food, Medication, Plant, Insect Sting/Bite (only one is shown on this slide). Complete each allergy category.

Important – if your cadet must have access to a medication to treat an allergy, such as an epinephrine injection device, then you must complete the Prescription Medications section discussed earlier.

Once all sections are completed, click “Save” at the bottom of the screen (not shown on this slide).

CADET ALLERGIES

☐ YES (please list below) ☐ No known allergies.

Food Allergies

Food Name	Allergic Reaction

Update Cadet Records

Click on “Agreements”

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Update Cadet Records - Agreements

Select “Agree” or “Do not agree” regarding photo consent, then read and acknowledge each statement. There are three statements to acknowledge (only two are shown on this slide). Once done, click “Acknowledge and Save.”

Please check the Acknowledge checkbox for each subsection and then electronically sign the document on the bottom of page.

PARENTAL CONSENT AND ACKNOWLEDGEMENTS

PHOTO CONSENT

U.S. Naval Sea Cadet Corps may encounter the news media, video and film crews, or photographers hired by U.S. Naval Sea Cadet Corps for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that cadets and adults attending programs will be photographed. I/We give my consent to authorize U.S. Naval Sea Cadet Corps of the U.S. Navy League Corps, or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named as the subject of this application during cadet training or related activities. I/We understand there will be no compensation to me. All negative and positives, together with said prints, video or film are the property of U.S. Naval Sea Cadet Corps of the U.S. Navy League Corps or the entity or person authorized or designated by it, solely and completely. I/We also waive any right to inspect or approve any photo, video or film taken during said training or related activities. I/We affirmatively release and discharge U.S. Naval Sea Cadet Corps of the U.S. Navy League Corps from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of my/our child while a participant in U.S. Naval Sea Cadet Corps Program.

☒ Acknowledge

☐ I hereby agree with the above stated Photo Consent

☐ I DO NOT agree with the above stated Photo Consent for the reason of:

PARENT/LEGAL GUARDIAN AGREEMENT & CONFIRMATION

I hereby consent to my child/ward enrolling in the U.S. Naval Sea Cadet Corps (USNSCC). I understand that the USNSCC is organized along military lines, that USNSCC regulations govern my child's/ward's membership, and that violation of said regulations may result in my child's/ward's discharge from the USNSCC. I will ensure that my child/ward abides by all regulations and lawful orders from superior officers and cadets. I certify that, to the best of my knowledge, he/she is physically and mentally fit to take part in vigorous activities, I have disclosed all physical/medical/disability limitations, and he/she is not suffering from any communicable disease. I further agree to be responsible for the value of any uniforms and/or equipment loaned him/her, reasonable wear and tear expected. I understand that such uniforms or equipment shall remain the property of the USNSCC while on loan, and I agree to return them when my child/ward ceases to serve as a cadet, or at any other time upon request of a USNSCC officer or other authorized agent. I have been briefed on the USNSCC medical insurance plan. I am aware this is an accident/illness “excess” policy and that the limit of the policy is a total of \$25,000 for all accidental benefits/\$5,000 for illness with no deductible. I understand that my personal medical insurance is the primary policy, but in the event that I do not have insurance and/or the USNSCC policy limits are exhausted, I understand that I am responsible for all medical payments above \$25,000 for accidents/\$5,000 for illnesses. I also understand that payment of enrollment fees will be required ANNUALLY, and payment of uniform fees may be required upon enrollment. I agree, on my child/ward's behalf, that he/she will be bound by all USNSCC regulations, policies, and amendments thereto that govern his/her membership and conduct; I further waive any right to challenge in any way any determination made by the USNSCC regarding my child's/ward's continuance of membership in the USNSCC should he/she violate said regulations.

☒ Acknowledge