

## Demographics Survey

**This information will be kept in the cadet's secure file for local corps use only. Please read carefully.**

**Date:**

### School Info

In order to facilitate notifying schools about participation in the Cadet program for events like Remembrance Day, or for high school credit, we ask that you provide the following information about your cadet's school.

**School:**  **Grade:**

**School Type (check one):**

**Public**

**Catholic**

**Private**

**Homeschooled**

### Medical Contact Info

In addition to the medical questionnaire in your file, we also ask that you provide your cadet's medical provider contact info. **This will be transported with the cadet on out-of-town trips for use during emergency medical events.** The information will be provided to a designated hospital in the event of an emergency along with your cadet's health card in order to ensure prompt treatment in coordination with yourself and your primary health care provider.

**Doctor:**  **Phone:**

**Clinic:**

### Emergency Contact

In the event that the contacts listed on your cadet's file cannot be contacted, please provide an alternate contact for use during emergencies.

**Name:**  **Phone Number:**

**Relation to the cadet:**