## **Quarterdeck Document Upload**



After registering both the cadet and the parent, you will need to log into Quarterdeck at <u>https://www.quarterdeck.seacadets.org</u> to

- acknowledge the agreements
- verify emergency contact information, and
- upload medical information.
- 1. Log on with your parent username and password.



2. Once logged in, you will land on the home page. Your cadet(s) photo and account-link icon will be in the fourth box near the bottom of the page. Click on your cadet's icon.



3. This will open the cadet profile page. Feel free to explore her, but pay particular attention to the boxes outlined in red and orange (*they will not be marked red or orange on your screen*).



The items marked in RED must be completed by the parent. Agreements (or acknowledgements) are essentially parental consent for your cadet to participate in Sea Cadets program, and allows us to care for your cadet in the case of emergency. There is also a photography consent agreement. Please read through these and acknowledge the terms.

The items in ORANGE are important, but not critical. Your cadet will not be deactivated if you do not wish to fill these out at this time. We encourage you to go in and update all of these regularly, so we and Sea Cadets HQ have the most recent information in your cadet's records.

- 4. This is the Medical Information page, and it can be quite complicated. Here, parents must complete the required information, and upload the following documents:
  - Proof of health insurance (front and back of card)
  - Current health physical (similar to a sports physical, but on the Sea Cadets form)
  - Immunization Record
  - Any documented accommodation for special health conditions (504 or such)

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CADET MEDICAL INFORMATION	
✓ = required field	
MEDICAL IN SURANCE INFORMATION	
○ No Do You Have Medical Insurance ✓ ○ Yes - Non TRICARE ○ Yes - TRICARE	
I acknowledge and agree that I am ultimately responsible for any and all payment obliga out of any treatment or care and guarantee payment for these services.	ations arising Acknowledge
Medical Insurance Provider Name 🗸	
Medical Insurance Policy Number 🗸	
Medical Insurance Provider Phone 🖌	
Medical Insurance Provider Address 🖌	
Insurance Card Front None on File	Choose File No file chosen
Insurance Card Back None on File	Choose File No file chosen
Medical Insurance Provider Name	
TRICARE East - Humana Military 1-800-444-5445	
Medical insurance Provider Phone * O TRICARE West - Health Net 1-844-866-9378	
Proof of TRICARE Coverage Letter None on File	Choose File No file chosen
MEDICAL PROVIDER INFORMATION	
Medical Provider Name 🗸	
Medical Provider Phone 🖌	
MEDICAL HISTORY	
Date of Last Physical Exam 🖌 🔤	
Last Physical Form None on File	unoose File I No file chosen
Date of last Tetanus (Td/Tdap) or booster O Yes O No	
Date of Menactra Vaccine for Meningitis O Yes O No	
Date of negative PPD or Medical Provider Ver No	
Clearance for TB Cleara	Choose File No file chosen
Immunization Record None on File	
Americans with Disabilities Act (ADA)	
Request for Accommodation: (Approved NSCADM001 pages 9 & 10) None on File	Choose File No file chosen

Please attend to all of the items in RED. Those in orange may not apply to your cadet.

5. Lastly is the Agreements page. Please be sure to fill this out as it grants permission for your cadet to participate in the program.



Thank you for completing your registration and uploading your documents.