

JCLC Summer Camp Example Packet

Please fill out all highlighted
areas.

JCLC 2019 Camp All American
Cadet Medical History

- 1. The purpose of this form is to obtain basic in-processing information and to determine if your cadet is medically qualified to attend this year's JROTC Cadet Leadership Challenge (JCLC).
- 2. The form can be filled out by the cadet's parent or legal guardian.
- 3. Please provide the following cadet information:

High School JUPITER
 Name - Last, First, MI LAST / FIRST / MIDDLE INITIAL
 Home Address YOUR ADDRESS
 Student Number 123456789 Grade WHAT GRADE LET Level YOUR CURRENT

4. Current Medications (Prescription and Over-the-Counter) / Frequency / Dosage

PRESCRIPTION ZOMI / TX DAILY / 50MG
 _____ / _____ / _____
 _____ / _____ / _____

5. Allergies (Including insect bites/stings, food, medicines, other)

NONE OR LIST ANY

6. Medical History. Please answer yes or no if your cadet has or had ever had the following medical condition

Medical Condition	Yes	No	Comments
Heart Disease / Murmur			
Asthma / Use of an Inhaler			
Anxiety			
Severe Allergies			
Rheumatic Fever			
Ear Infection			
Headaches			
Diabetes			
Prior Heat Injuries			
Epilepsy / Seizures			
Fainting / Passing Out			

EMERGENCY CONTACT NAME / NUMBER

Name /# A CONTACT / Name /# 931-121-4567

Signature of Parent or Legal Guardian

[Signature]

Date

5/13/19

JCLC IN/OUT PROCESSING

Last name, First, MI: LAST NAME, FIRST NAME SSN: X

Address: YOUR ADDRESS City: YOUR CITY

State: FLORIDA Zip Code: 33458

School: JUPITER Let Level: YOUR CURRENT LET LEVEL

DOB: DAY MONTH YEAR OF BIRTH

Unit of Assignment:

Company: LEAVE BLANK Platoon: BLANK Squad: BLANK

Cadre Institutional Representative: BLANK

Person to be notified in case of emergency:

Name and relationship: CONTACT INFO FOR EMERGENCIES

Address: BLANK City: BLANK

State: FLORIDA Zip Code: 33458

School: JUPITER Let Level: YOUR CURRENT LET LEVEL

Date In-processed: LEAVE

Date Out-processed: BLANK

Covenant Not to Sue for JCLC on File: BLANK

Special Power of Attorney on File (as needed): BLANK

D

CADET INFORMATION

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

- 1. **AUTHORITY:** Title 10, U.S. Code 2102
- 2. **PRINCIPAL PURPOSE(S):** To gather information, emergency points of contact, and statement of the physical condition of JROTC Cadets attending JCLC.
- 3. **ROUTINE USES:** Normal Personnel Actions—Disclosures of information may be provided to proper authorities in actions regarding medical treatment, legal actions, investigation of accidents, and preparation of statistics and training records resulting from JCLC.
- 4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary. Failure of Cadet to complete form will disqualify JROTC Cadet from participating in JCLC.

1. Cadet: YOUR NAME
 (Rank, Last Name, First, MI)

2. X JUPITER HS
 (SSN) (Name of School)

3. I will attend JCLC during () First Cycle or () Second cycle

4. Parent or Guardian PARENT NAME & ADDRESS
 (Name and Address)

5. Telephone: PARENT PHONE Other: _____

6. Family Doctor: YOUR DOCTOR INFO
 (Name and Address)

7. Telephone: _____ Other: _____

8. Dentist: YOUR DENTIST INFO
 (Name and Address)

9. Telephone: _____ Other: _____

NOTE: IF PARENT OR GUARDIAN CANNOT BE CONTACTED, PLEASE LIST ONE OTHER PERSON TO CONTACT IN CASE OF AN EMERGENCY.

10. Emergency Contact: EMERGENCY CONTACT NAME

(Name and Address)

11. Telephone: PARENTS PHONE Other: _____
NUMBER

 ← PARENT INITIALS STATE OF PHYSICAL CONDITION
Initials

To the best of my knowledge, my son/daughter/ward is in good physical condition. Participation in JCLC, in my opinion, will not have an adverse effect on his/her health and well-being. I will inform the JCLC Commander of any changes.

 ← PARENT INITIALS
Initials

My son/daughter/ward has a history of (identify illnesses; Heart disease, Asthma, Overweight, Sinus, Rheumatic Fever, Ear Infection, Headaches, or any other ailments) LIST ANY AILMENTS; OR LEAVE BLANK
and is on LIST MEDICATION medication. He/she is allergic to the

following medication: LIST ANY ALLERGIES OR LEAVE BLANK

NOTE: Students that are found to have previous history of any type illness, past injury, and/or symptoms of suspected medical ailment, will be returned home if treatment is needed or desired.

DENTAL RECORDS

I acknowledge my dental records contain detail profiles and/or x-rays of sufficient detail for identification.

I (do) (do not) have a dentist or dental records.

CADET SIGNATURE
(Signature of Cadet/Parent/Guardian)

PARENT SIGNATURE
(Signature of Cadet/Parent/Guardian)

F

CONSENT TO MEDICAL TREATMENT

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

(1) **AUTHORITY: TITLE 10, U.S. CODE 2102.**

(2) **PRINCIPAL PURPOSES:** A statement authorizing medical care in civilian or government medical facilities while attending or traveling to or from JCLC.

(3) **ROUTINE USES:** Normal personnel actions: Disclosure of information may be provided to proper authorities in actions regarding medical treatment, legal actions as a result of injury or death, and investigation of accident resulting from JCLC.

(4) **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary. Failure to complete form will disqualify JROTC Cadet from participating in specific voluntary training exercises.

I PARENTS PRINTED NAME, consent to be treated in an Army Hospital, or any other government or civilian medical facility, near or en-route to JCLC FLORIDA (Installation, State)

while attending or traveling to or from JCLC from JUNE (MM/YY)

This consent encompasses all procedures and treatments as are found to be necessary or desirable, in the judgment of the professional staff of any of the above-named medical facilities. I understand that this consent is of a general nature and accordingly list the following exceptions to this consent (if no exceptions write "No Exceptions")

NO EXCEPTIONS OR LIST ANY EXCEPTIONS

I (am) (am not) on medication. (List type, if on medication)

CIRCLE AM OR AM NOT

I (am) (am not) allergic to medication. (List type, if allergic)

It is understood that this consent can be withdrawn in writing or orally at anytime.

WITNESS SIGNATURE
Signature of Witness

CADET SIGNATURE
Signature of Cadet

WITNESS NAME
Print Name of Witness

NAME OF CADET SSN X
Print Name of Cadet

PARENT OR GUARDIAN: (When Cadet is a minor or unable to give consent), I _____, parent/guardian of _____ have read and understood the above consent to treatment and hereby expressly consent to the above-described treatment.

Signature of Witness
Print Name of Witness

PARENT SIGNATURE
Signature of Parent
NAME OF PARENT SSN X
Print Name of Parent

NOTARY

THIS FORM MUST BE NOTARIZED

THIS CAN BE DONE AT THE FRONT OFFICE (BRING A PICTURE) 10

**CONVENANT NOT TO SUE
OFF-CAMPUS TRAINING AND PRACTICAL FIELD/HIGH RISK TRAINING**

(1) **AUTHORITY:** Title 10, U.S. Code 23-1.

(2) **PRINCIPAL PURPOSE(S):** To release the U.S. Government, the host institution and the state in which said institution is located from liability for injury; death, or damages for JROTC cadets participating in voluntary off-campus training programs, practical field, and high risk training.

(3) **ROUTINE USES:** Normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, and investigations of accidents resulting from such voluntary off-campus training, practical field, and high-risk training.

(4) **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary. Failure to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I CADET NAME, residing at CADET ADDRESS
(Type or print full name) (Address) (City)

do hereby agree that in consideration for being allowed to participate in JCLC,

conducted by JUPITER HS SCHOOL Army JROTC detachment, and Army
(Name of JROTC Instructor Group)

supervised activity, and whereas I am doing so entirely on my own initiative, risk, and responsibility; and being fully aware of the risk adhering to this type of training, I hereby RELEASE AND DISCHARGE FOREVER, the United States Army, the State of FLORIDA and JUPITER HIGH and all of its officers, agents, and employees, acting officially or
(Name of School)

from any and all claims demands, actions or causes of action, on account of myself OR on account of any injury to me which may occur from any cause during said activity or continuances thereof, and I do further covenant and agree to hold the said Government of the United States, State of FLORIDA

and all of its officers, agents, and employees, acting officially or otherwise, blameless for any and all damages which I may cause either intentionally or thru my negligence.

NAME
Typed/Printed Name of Parent or Guardian if Participant is a Minor

[Signature]
Signature of Parent or Guardian if Participant is a Minor

MOM/DAD/UNCLE/AUNT
Relationship to Cadet

DATE SIGNED
Date

WITNESSED BY:

AGE OF CADET
Age/Period Covered
SIGNATURE
Signature of Cadet