

Naval Junior Reserve Officers' Training Corps (NJROTC)  
Leadership Academy Medical Release and Cadet Data Form

Cadet Name \_\_\_\_\_

School \_\_\_\_\_

I, \_\_\_\_\_, being the legal parent/guardian of \_\_\_\_\_, a member of the NJROTC program, in consideration of the continuance of his/her membership in NJROTC and/or his/her acceptance of NJROTC training, do hereby release from any and all claims, demands, actions or causes of action due to death, illness or injury, Admiral Farragut Academy staff, instructors and any agents of the Academy, the government of the United States and all its officers, representatives and agents acting officially or otherwise and also its local, regional and national Navy officials of the United States, the U. S. Naval Reserve Officers' Training Corps and its officers and officials.

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service or civilian physicians and nurses to render such medical and dental care as may be necessary and medically indicated in the case of my son/daughter during his/her period of training, as is deemed necessary by a qualified practitioner.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only; if further care is indicated, the patient will be transferred to a non-military care as soon as possible. Emergency care provided to cadets who are not military dependents at a military medical facility may be subject to reimbursement, and I may be billed for the care provided. For Navy or Marine Corps sponsored activities, such care is authorized by NAVMEDCOMINST 6320.3 series.

My son/daughter/ward has been determined to have the following allergies (If NONE, so state):  
\_\_\_\_\_

He/she requires medication for the treatment of (If NONE, so state):  
\_\_\_\_\_

Below are listed other medical conditions my son/daughter/ward is known to have and may preclude or limit his/her participation in physical exercise and athletic programs (If NONE, so state):  
\_\_\_\_\_

His/her physician: Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Insurance Information: REQUIRED** Company Name \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

SNSI ..... CELL Phone # ( ) \_\_\_\_\_

NSI ..... CELL Phone # ( ) \_\_\_\_\_

PARENT ..... CELL Phone # ( ) \_\_\_\_\_

Note: Cadets are required to have a point of contact in case of emergency. If parents will not be home, they must designate a responsible person to contact in case of emergency. This person must have the ability to transport the cadet home if necessary.

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I authorize the officials at Leadership Academy to administer Over-the-Counter medications for minor injuries or illnesses that may occur during the course of training at Leadership Academy.

**PRIVACY ACT NOTIFICATION:** Under the authority of 5 U. S. C sec 301, the information provided regarding your child's/ward's health, medical condition and treatment requested, in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat an emergency condition which may arise during training. Pursuant to the Privacy Act, 5 USC, Sec 552, the requested information will not be divulged without your written authorization to anyone other than NJROTC area personnel involved with the administration of the NJROTC activities, and medical/dental personnel requiring the information in order to effectively treat any health problem, which may arise. Disclosure is voluntary; however, failure to provide the requested information will preclude your child's/ward's participation in the training.

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_