
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:** _____ M / F
(Rank, Last Name, First, MI) (Gender)

2. _____
(Last 4 of SSN) (Name of School)

3. **Parent or Guardian** _____
(Name and Address)

4. Telephone: _____ Other: _____

5. **Family Doctor:** _____
(Name and Address)

6. Telephone: _____ Other: _____

7. **Dentist:** _____
(Name and Address)

8. 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:** _____
(Name and Address)

11. Telephone: _____ Other: _____

STATE OF PHYSICAL CONDITION

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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.

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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)

_____ ,

and is on _____ medication. He/she is allergic to the following medication: _____.

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.

(Signature of Cadet/Parent/Guardian)

(Signature of Cadet/Parent/Guardian)