**\*\*THIS FORM MUST BE FILLED OUT COMPLETELY BY PARENT/GUARDIAN OF CADET SO YOUR CHILD CAN BE TREATED IF INJURED\*\***

**STANDARD RELEASE/MEDICAL EMERGENCY FORM**

**CADET NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the legal parent / guardian of Cadet

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is a member of the Naval Junior Reserve Officers Training Corps unit at Bethel High School, and in consideration of the continuance of his / her membership in NJROTC and / or his / her acceptance for NJROTC training, do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, the government of the United States and all its officers, representatives, and agents acting officially or otherwise and also the local, regional, and national Navy officials of the United States, and 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 to render such medical and dental care as may be necessary and medically indicated in the case of my son/daughter/ward 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 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 6320.3B.

I certify that all of the needed medical information for my son / daughter / ward has been updated in Family ID online.

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

**PARENTS / GUARDIAN CONTACT INFORMATION:**

Parent / Guardian (Circle one) (Print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_

(Sign Signature of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_