

**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:** \_\_\_\_\_  
(Rank, Last Name, First, MI)

2. \_\_\_\_\_  
(SSN) (Name of School)

3. I will attend JCLC during (  ) First Cycle

4. **Parent or Guardian** \_\_\_\_\_  
(Name and Address)

5. Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

6. **Family Doctor:** \_\_\_\_\_  
(Name and Address)

7. Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

8. **Dentist:** \_\_\_\_\_  
(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:** \_\_\_\_\_  
(Name and Address)

11. Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

**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 Commandant of any changes.**

(\_\_\_\_)  
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)