

## 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 \_\_\_\_\_, consent to be treated in an Army Hospital, or any other government  
Print Cadet Name

or civilian medical facility, near or en-route to Camp Rudder, Eglin AFB, FL,  
(Installation, State)  
while attending or traveling to or from JCLC from 07 / 14.  
(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") \_\_\_\_\_, \_\_\_\_\_.

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

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It is understood that this consent can be withdrawn in writing or orally at anytime.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Cadet

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Cadet

SSN \_\_\_\_\_

**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

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Parent

SSN \_\_\_\_\_