

CAMP RUDDER CADRE 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 Cadre 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 Cadre to complete form will disqualify JROTC Cadre from participating in JCLC.
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1. **Cadre:** _____
(Rank, Last Name, First, MI)

2. _____
(Name of School)

3. **Next of Kin Contact**

(Names and Address)

4. Telephone: _____ Email: _____

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

6. Telephone: _____ Other: _____

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

8. Telephone: _____ Other: _____

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NOTE: IF NEXT OF KIN CONTACT CANNOT BE CONTACTED, PLEASE LIST ONE OTHER PERSON TO CONTACT IN CASE OF AN EMERGENCY.

9. **Emergency Contact:** _____
(Name and Address)

10. Telephone: _____ Other: _____

STATE OF PHYSICAL CONDITION

To the best of my knowledge, I am in good physical condition. Participation in JCLC, in my opinion, will not have an adverse effect on my health and well-being. I will inform the JCLC Commander of any changes. (____) Initials

I have a history of (identify illnesses; Heart disease, Asthma, Overweight, Sinus, Rheumatic Fever, Ear Infection, Headaches, or any other ailments): (____) Initials

and I am on the following medication: (____) Initials

I am allergic to the following medication, insects, etc: (____) Initials

Signature: _____

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(Enclosure 12 Continued)