## PLEASE ENSURE THIS FORM IS FILLED OUT COMPLETELY WITH MEDICAL (MANDATORY)/DENTAL POLICY NUMBERS SO YOUR CHILD CAN BE TREATED IF INJURED

## NAVAL JUNIOR RESERVE OFFICERS TRAINING CORPS (NJROTC) STANDARD RELEASE/MEDICAL EMERGENCY FORM

Date:
being the legal parent/guardian of a member of the Naval Junior Reserv
icers Training Corps, in consideration of the continuance of his/her membership in NJROTC and/of-her acceptance for NJROTC training, do hereby release from any and all claims, demands, actions, of sess of action, due to death, injury, or illness, the government of the United States and all its officers resentatives, and agents acting officially or otherwise and also the local, regional, and national Nav cials of the United States, and the U.S. Naval Reserve Officers Training Corps and its officers and cials.
ereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service, of the Clian physicians to render such medical and dental care as may be necessary and medically indicated it case of my son/daughter during his/her period of training, as is deemed necessary by a qualifie extitioner.
iderstand that care at a military medical facility for non-military dependents will normally be rendered temporary (emergency) basis only; further care is indicated, the patient will be transferred to non-itary care as soon as possible. Emergency care provided to cadets who are not military dependents at itary medical facility may be subject to reimbursement, and I may be billed for the care provided. For your Marine Corps sponsored activities, such care is authorized by NAVHEDCOMINST 6320.3B.
son/daughter/ward has been determined to have the following allergies:
she requires medication for the treatment of:
ow are listed any other medical conditions which my son/daughter/ward is known to have, which would clude or limit in any way his/her participation in physical exercise and athletic programs.

His/her physician is:			
Physician's/Practice Name:		·	
Address:		-	<del></del>
Telephone:(include area code)			
THE CADET MAY NOT HAVE LOCATION OF THE CADET'S access the cadet's medical records.	MEDICAL RECO		
This cadet does not have a regular	Doctor. MEDCIAL	RECORDS ARE I	LOCATED AT:
COMPLETE AND ACCURATE	INFORMATION	IS REQUIRED B	ELOW
MEDICAL/INJURY INSURANCE		AL INSURANCE.	
(Name)	(Name	e)	
(Street)	(Stree	t)	<u> </u>
(City, State, Zip Code)	(City, State	, Zip Code)	_
(Policy/ID Number)	(Polic	y/ID Number)	<del></del>
(Telephone Confirmation #)	(Telephon	e Confirmation #)	<del></del>
PRIVACY ACT NOTIFICATION			
Under the authority of 5 U.S.C. Secondition and treatment is requested medical/dental personnel to diagnor Pursuant to the Privacy Act, 5 U.S.C. written authorization to anyone of NJROTC activities, and medical/denealth problem which may arise. Information will preclude your child	ed, in order to verifies and treat any emits. Sec. 552, the requesther than NJROTO ental personnel required Disclosure is vold s/ward's participat.	y any need to adminergency condition uested information area personnel ring the information untary; however,	which may arise during training. will not be divulged without your involved with administration of on in order to effectively treat any
Signature of Parent/Guardian and r	relationship)	,,,,,	<del></del>
Address)			
City)	(State)	(Zip)	
Telephone Home)	(Telephone Work with area code)		

NOTE: No information on this form may be omitted or deleted (except for dental insurance information if not used). Additional information may be required by local administrators to comply with school/area requirements.

ENCL (3)