



## Medical Consent Treatment Form

Instructors of leadership and academic teams selected to participate in the Army JROTC JLAB (June 2011) will submit the following **Consent To Medical Treatment** document for each cadet on the team to College Options Foundation upon arrival at JLAB. Medical conditions, such as asthma, allergies, diabetes, ADD/ADHD, epilepsy, seizures, previous heat casualties, etc., that could require immediate medical attention should be noted on the Medical Treatment document.

Instructors are responsible for monitoring cadets who require medication to be taken either daily or multiple times during the day. Medical conditions which require prescription medicine must have written parental or legal guardian consent and medical clearance from a licensed physician prior to attending JLAB. The Foundation will coordinate any emergency medical treatment required.

**All participants in the Army JROTC JLAB will be covered by health insurance that will extend during the period of the event and beyond in case a cadet requires medical attention for an injury/accident that occurs during participation in the event that requires follow up treatments.**

Please ensure that a parent/guardian of each cadet traveling to JLAB fills out and signs the following form.

Thank you.

**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 JROTC JLAB.

**(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 JROTC participation.

**(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: *Voluntary.***

***Failure to complete form will disqualify JROTC cadet from participating in the Army JROTC JLAB.***

I \_\_\_\_\_, consent to be treated in other government or civilian medical facility, near or enroute to Fairfax, VA or Washington, DC while attending or traveling to or from Army JROTC JLAB in June 2011.

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.

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 (or Legal Guardian)

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

\_\_\_\_\_  
Print Name of Parent (or Legal Guardian)

\_\_\_\_\_  
Date