

THIS PERMISSION PACKET BELONGS TO:
CADET _____

Last Name, First Name



INFORMED CONSENT
WCSO RISK MANAGEMENT

This is an informed consent, waiver and release form that identifies the risks of participating in the referenced extra-curricular activity in the Washington County School District. This form must be completed in order to participate.

Activity: **Air Force JROTC** Activity Date: **School Year 2016-2017**

In the interest of keeping students safe when participating in extra-curricular activities, this document must be signed by the participating student and by their parent/legal guardian. By signing this document, both the student and the parent/legal guardian acknowledge that they understand the inherent risks involved.

I, the parent of PLEASE PRINT CHILD'S NAME acknowledge and understand that injury may result from participating in this activity. I also acknowledge that my child understands the rules of conduct, and he/she will obey the personnel who are responsible for overseeing this activity. I further understand that poor behavior will not be tolerated and should my child engage in poor or disruptive behavior, appropriate action may be taken by the staff up to and including contacting the student's parents and/or removal from participation.

I recognize that participation in this activity may involve moderate to strenuous physical activity that could cause physical or emotional distress to participants, and that there may also be other associated health risks. By signing this document, I hereby state that my child is free from any known heart, respiratory or other health problem that could prevent him/her from safely participating in any of the activities.

I also certify that my child has medical insurance or otherwise agrees to be personally responsible for the costs of any emergency or other medical care that he/she may receive in the event of an emergency. I agree to release the State of Utah, the Washington County School District, their agencies, departments, officers, employees, agents, sponsors, officials, and staff or volunteers from the cost of any medical care that my child may receive as a result of participation in this activity.

I further agree to release the State of Utah, the Washington County School District, their agencies, departments, officers, employees, agents, sponsors, officials, and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to the student arising out of my child's participation in this activity. This release extends to any claim made by parents, guardians or their assigns arising from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation if in the opinion of the attending physician, such treatment is necessary.

The student or parent/legal guardian has carefully read and understands the contents of the foregoing language and specifically intends for it to cover the student's participation in the above stated activities.

STUDENT NAME: _____ DATE: _____
SIGNATURE: _____
(Parent or legal guardian signature if participant is under 18 years old)

WASHINGTON COUNTY SCHOOL DISTRICT

**Washington County School District
Parent/Guardian Field Trip Permission
Form And Emergency Contact Information**

Dear Parent/Guardian,

During the 2016-2017 School Year, your child may be involved in multiple field trip activities with Dixie JROTC, UT-20061, to include overnight and multiple day trips.

Your signature below indicates your consent for your child to participate. It also indicates that if any injury occurs that the school will make reasonable efforts to contact you, and that you give permission, in the event of injury, for your child to receive emergency medical aid, anesthesia, and/or an operation if, in the opinion of the attending physician, such treatment is medically necessary. You also agree to allow your child's picture to be taken during these trips or during school activities and used in our in-house newsletter and public website (dixiejrotc.org).

Cadets must meet academic eligibility requirements as stated in the Cadet Handbook. Please complete the remainder of this form and return it to the Aerospace Science Instructors as soon as possible.

I do hereby grant permission for my son or daughter to attend JROTC field trips during this school year. I also grant permission for my child to use Washington County School District or Air Force transportation to attend these field trips and for photographs of my child to be used in Dixie High School and JROTC publications, including the school and JROTC website.

(Printed name of cadet)

(Printed name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

In case of an emergency, contact _____

Phone number _____

**Form 1014
Revised 2 June 2016**

**CADET HEALTH/WELLNESS PROGRAM
CADET PARTICIPATION CONSENT FORM WITH
HEALTH SCREENING QUESTIONNAIRE
FOR UT-20061: Dixie High School 2016-2017**

AFJROTC Cadet Health/Wellness Program is designed to work with the cadet to help them improve their physical fitness. All physical activity sessions will be supervised and monitored by at least one of our instructors. These sessions include walking, running; and calisthenics exercises. The AFJROTC instructors have been trained in administering CPR if needed.

Parent/Guardian:

By granting permission, we (cadet and parent/guardian) understand there are risks associated with any physical activity. It is our responsibility to inform the JROTC instructors of anything that should keep our child from participating in the AFJROTC Cadet Health/Wellness Program.

In the event of a medical problem, I understand that any medical care that may be required is my personal financial responsibility. I agree, on my behalf and on my child's behalf to indemnify the Washington County School District, Dixie High School, Air Force Junior ROTC, and its instructors and staff of liability for injury of my child.

_____ has permission to participate in the Health/Wellness Program.
(Printed Name of Cadet)

PARENTS CIRCLE: YES - NO

_____ (Printed Name of Parent/Guardian)

_____ (Signature of Parent/Guardian)

_____ (Date)

JROTC Cadet:

As a Cadet in JROTC, I know that it is my responsibility to monitor my individual physical performance during any activity and to inform the AFJROTC instructor of any problem. If I cannot perform physical training, I will have my parent/guardian contact my instructor via telephone or email, or bring a doctor's or parent's note. Do not write a note yourself and sign your parent's name. The Cadre will know!

_____ (Printed Name of Cadet)

_____ (Signature of Cadet)

_____ (Date)

It is mandatory to complete this screening form prior to participating in the Cadet Health/Wellness Program. Return this completed questionnaire to your SASI or ASI, and advise them if you responded "yes" to any of the questions below.

- | | |
|--|----------|
| 1. Has there been any significant change to your health in the past 6 months? | YES - NO |
| 2. Are you currently on a medical profile exempting you from PT activities? | YES - NO |
| 3. Has a physician ever indicated you have heart disease, heart or breathing troubles? | YES - NO |
| a. Do you suffer from pains in your chest, especially with physical activity? | YES - NO |
| b. Do you feel faint or have dizzy spells during or after physical activity? | YES - NO |
| c. Do you have shortness of breath related to asthma or any other condition that exercise could aggravate? | YES - NO |
| 4. Have you experienced a significant weight change in the past 6 months? | YES - NO |
| If "Yes", indicate the estimated amount: Gained / Lost _____ lbs. | |
| 5. Have you ever been diagnosed or displayed symptoms of heat stress? | YES - NO |
| 6. Do you take any dietary, herbal or nutritional supplements, which contain any of the following substances: Ephedra /Ephedrine, Guarana, Phenylephrine, Pseudoephedrine? | YES - NO |
| If "Yes," please list: _____ | |
| 7. Do you have any other medical issues that may cause a safety concern during physical exercise? (i.e., allergies, pregnancy, etc.) | YES - NO |

If "Yes," please list: _____

Note: If cadet's health status changes during this school year cadet will notify his/her JROTC Instructor.

The Privacy Act of 1974 applies. The sole purpose of this form is to gather information to be used for screening a candidate for participation as an AFJROTC cadet in the AFJROTC Cadet Health/Wellness Program. This form is for internal use only. Disclosure is voluntary; failure to disclose will result in the inability to participate in PT activities.

DIXIE HIGH SCHOOL JUNIOR ROTC OBSTACLE COURSE CHALLENGE

Air Force Junior ROTC

Obstacle Course Release and Participation Form

By signing the form below, I agree to allow my child to participate on the Air Force Junior ROTC Obstacle Course located at Dixie High School. This release of Indemnity and Assumption of Risk covers all associated liabilities associated with the use and participation in/on the JROTC Obstacle Course. If I have concerns about my child's ability to participate, or the safety of this course, I agree to discuss my concerns with the JROTC Instructors or my child's physician prior to signing this release.

I agree to assume the risk that unexpected injuries may occur while participating on this course. I agree, on my behalf and on my child's behalf to indemnify the Washington County School District, Dixie High School, Air Force Junior ROTC, and its instructors and staff of liability for injury of my child or damage to clothing that may result from the use of this course.

It is understood this Obstacle Course is considered safe when used properly and must be used only when adult supervision is present. Minor injuries such as splinters and scrapes may occur and can be expected. Proper clothing and gloves are recommended and should be used. I understand that my child's participation in this activity is completely voluntary.

Name of participant: _____
Last Name, First Name

If my child requires emergency medical treatment, please contact:

Name of Person to contact: _____

Home Phone: _____ Work Phone: _____

I consent to the provision of emergency treatment for my child in the event that the emergency contact person cannot be reached and it is deemed in the best interest of my child.

Parent/Legal Guardian Signature

Date

You may see our promotional video of the Obstacle Course made by a former cadet at: <http://tinyurl.com/ocourse>

**Cadet Orientation Flight
Release, Indemnity, and Assumption of Risk**

Air Force Reserve Officer Training Corps and the Civil Air Patrol will arrange for and provide a Cadet Orientation Flight activity. The purpose of the activity is to introduce the cadet to basic flight procedures to include straight and level flight, turns, constant rate turns, basic aerial navigation procedures, and traffic patterns. The academic (ground) phase of instruction will include basic flight planning procedures, aerodynamics, aircraft structures, and aviation safety procedures.

Name of Child: _____

Name of School: _____

By signing below, I grant permission for my child to participate in the Activities described above. This release, Indemnity and Assumption of Risk Statement covers all events associated with the Activities. If I have any concerns about my child's ability to participate, I agree to discuss my concerns with my child's instructor or, if appropriate, with my child's physician before signing this form.

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to my child or damage to my property or my child's property while my child is participating in or observing the Activities, or traveling to or from the Activities. I agree, on my behalf and on behalf of my child, to indemnify Washington County School District, Air Force Junior Reserve Officer Training Corps, Above View Jet Center and the Civil Air Patrol and each of their employees, agents, affiliates, successors and assigns (collectively, the "Indemnified Parties") and not to sue the Indemnified Parties for any harm or damage associated with my child's participation, observation, or travel if the harm or damage is not due to the negligence or fault of any of the Indemnified Parties. I understand that my child's participation in these Activities is voluntary.

If my child requires emergency medical treatment, please contact:

- Name of Parent or Legal Guardian: _____
- Home/Cell Phone: _____ Work Phone: _____
- Name of Alternate Emergency Contact: _____
- Home/Cell Phone: _____
- Work Phone: _____

If the Emergency Contact Person I have listed is not available, please contact:

- Doctor: _____ Phone: _____

I consent to the provision of emergency medical treatment for my child to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

Signature of Parent or Legal Guardian: _____ Date: _____

**Cadet Medication Form
Overnight Trips Only**

1. Only send the amount of medication needed for the time of the trip.
**(You may want to send 1 day extra just for emergencies)*
2. Medication needs to be clearly labeled as to what it is. Do not combine multiple medications in the same bottle.
3. Over-The-Counter (OTC) medications - This form also includes all OTC medications such as Tylenol, Ibuprofen, aspirin, allergy medications, cough syrup, etc. OTC medications will not be given to cadets without parent/guardian permission. If you would like to give consent for your cadet to be given OTC medications *as needed*, please follow the instructions as indicated for prescription medication. It is understood that OTC medications will not have a physician's name.
3. Do not send weekly flip-open pill containers.
4. Put ALL medication in a re-sealable bag with the below information inside:

Cadet's Name _____
 Parent's Name _____ Phone # _____
 Physician's Name _____ Phone # _____

<u>Medication Name</u>	<u>Dosage</u>	<u>Time of Day</u>

Comments:

We want your cadet to have the best possible experience. Please be as thorough as possible on this form. If there were to be a medical emergency, we want to be able to provide the caregivers with the best information possible.

**** Please note: It is your cadet's responsibility, NOT the chaperone(s), to know when to take his/her medication. Please remind your cadet to be responsible and know when the medication is supposed to be taken, and to approach the chaperone to receive his/her medication(s) at the prescribed times.**

This form will be kept completely confidential, and will only be used by the JROTC instructors and the chaperone(s) put in charge of administering the medication for the specified trip. The bag containing the form and medication will be returned to the cadet upon our return to the JROTC building.

 Parent/Guardian Signature

 Date