JOINT CADET LEADERSHIP COURSE (JCLC)
CADET PARTICIPATION CONSENT FORM WITH HEALTH SCREENING QUESTIONNAIRE
Note to Instructors: This form must be turned into JCLC at time of in-processing

Cadet Training Instructor (CTI) /Administrative Assistant (AA):

Name: ________________________________
(LAST NAME, FIRST NAME)

High School: ____________________

AFJROTC Unit Number: _______________

The JCLC Wellness Program is designed to work with your child to help them improve their physical fitness. All physical activity sessions will be supervised and monitored by at least one or more of our instructors. These sessions include walking, running, and calisthenics exercises. The JROTC instructors have been trained in administering CPR if needed. By signing this consent form, you acknowledge there are risks associated with any physical activity. It is your responsibility to inform the JROTC instructors of anything that should keep your child from participating in the JCLC Wellness Program. As a Cadet in JROTC, students must acknowledge it is their responsibility to monitor their own individual physical performance during any activity and to inform the JROTC instructor of any problem. In the event of a medical problem parents must acknowledge understanding that any medical care that may be required will be their own personal financial responsibility. It is mandatory to complete this screening form prior to attending JCLC. 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 six months? YES NO
2. Are you currently on a medical profile exempting you from PT activities? YES NO
3. Has a physician ever indicated that you have heart disease, heart or breathing troubles? YES NO
4. Do you suffer from pains in your chest, especially with physical activity? YES NO
5. Do you feel faint or have dizzy spells during or after physical activity? YES NO
6. Do you have shortness of breath/asthma or another condition that exercise could aggravate? YES NO
   If yes, do you require an inhaler? YES NO
7. Have you ever been diagnosed or displayed symptoms of heat stress? YES NO
8. Females only: Are you pregnant or do you think you may be pregnant? YES NO
9. Have you experienced a significant weight change in the past six months? YES NO
   If yes, indicate the estimated amount gained ________ or lost __________ lbs.
10. Do you take any dietary, herbal or nutritional supplements, which contain any of the following: Ephedra/Ephedrine, Guarana, Phenylephrine, pseudoephedrine? YES NO
    If yes, please list: ____
11. Do you have any other medical issues that may cause a concern during physical exercise? YES NO
12. Do you have allergies (e.g., food, medication, insects, environmental, etc.)? YES NO
    What is the severity? _______________ Do you require an epi-pen? YES NO

CTI/AA Signature: ________________________________ Date: ____________

Parent/Guardian Signature: ________________________________ Date: ____________

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JOINT CADET LEADERSHIP COURSE (JCLC)
MEDICAL PROCESSING FORM
Note to Instructors: This form must be turned into JCLC at time of in-processing

CTI/AA Name: ________________________________
(LAST NAME, FIRST NAME)

High School: ____________________ JROTC Unit Number: _______________

Prescription/Over-The-Counter (OTC) Medications To Be Taken During JCLC

Drug Name	Dosage	To be Administered (morning, evening, etc)	SUN	MON	TUE	WED	THU	FRI	SAT

Please list any OTC medications (e.g., Tylenol, Aspirin, Cough Medicines, etc.) your child may be given during JCLC without prior coordination:
____
____

Please let any OTC medications NOT to be administered to your child during JCLC: _____________

____

IN CASE OF MEDICAL EMERGENCY

Name of Insurance Company: ________________________________ Policy Number: __________________
(Attach copy of card)

Contact #1

Name: ______________________________ Relationship: __________________

Cell / Home: _________________________ Work: _______________________

Contact #2

Name: ______________________________ Relationship: __________________

Cell / Home: _________________________ Work: _______________________

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