

**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 by cadet*

Cadet Name: \_\_\_\_\_  
 (LAST NAME, FIRST NAME)

JCLC Assigned Flight: \_\_\_\_\_

High School: \_\_\_\_\_

JROTC 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 |

Cadet 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 by cadet**

Cadet Name: \_\_\_\_\_  
(LAST NAME, FIRST NAME)

JCLC Assigned Flight: \_\_\_\_\_

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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