

Permission Slip and Medical Release Form APOLLO HIGH SCHOOL

INSTRUCTIONS: Students, parents/guardians must complete this form as a prerequisite for the student to participate in any out-of-town activity. Please return this form prior to the start of the season or activity.

Student's Full Name(L,M,F) _____

Social Sec. # _____ School: _____

Grade: _____ Class/Advisor _____

_____ All school-related trips for the _____ school year; OR

_____ Field Trip Date(s) _____ Destination _____

Alternate Destination, if applicable _____

Mode of Transportation _____ Cost to Student, if applicable \$ _____

I hereby give permission for my child to participate in the above mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgement for the health of said child.

I also give permission for my child to be photographed during AFJROTC activities and to use these photographs and the student's name in an Apollo JROTC website and other Apollo approved media. Yes _____ No _____

Signature of Parent/Guardian _____ Date _____

Please return this form to your child's teacher.

**EXTREME EXCELLENCE CHALLENGE—WELLNESS PROGRAM
CADET PARTICIPATION CONSENT FORM WITH
HEALTH SCREENING QUESTIONNAIRE**

To _____ and Parent(s)/Guardian(s):

(Print Cadet Last Name, First Name)

AFJROTC Extreme Excellence Challenge (E2C) - 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 of our instructors. These sessions include walking, running, and callisthenic exercises. The AFJROTC instructors have been trained in administering CPR, if needed.

_____ has permission to participate in the E2C-Wellness Program. **YES - NO**

(Print Cadet Last Name, First Name)

By granting permission, we understand there are risks associated with any physical activity. It is our responsibility to inform the JROTC instructors of anything that should keep my child from participating in the AFJROTC E2C - Wellness Program

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.

In the event of a medical problem, we understand that any medical care that may be required is our personal financial responsibility.

It is mandatory to complete this screening form prior to participating in the E2C - 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 Physical Training 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 or lost: _____ lbs.

5. Have you ever been diagnosed with or displayed symptoms of heat stress? **YES - NO**

6. **FEMALES ONLY:** Are you pregnant or do you think you may be pregnant? **YES - NO**

7. 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: _____

8. Do you have any other medical issues that may cause a safety concern during physical exercise? **YES - NO**

If "Yes," please list: _____

(Printed Name of Cadet)

(Signature of Cadet)

(Date)

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

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 E2C-Wellness Program. This form is for internal use only. Disclosure is voluntary; failure to disclose will result in the inability to participate in AFJROTC E2C - Wellness Program activities.