

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 leaderSTATE MSU.
- (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 leaderSTATE MSU.
- (4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify JROTC cadet from participating in leaderSTATE MSU.

I _____, consent to be treated in a government or civilian medical facility, near or enroute to leaderSTATE MSU, while attending or traveling to or from leaderSTATE from _____ to _____.
(MM/YY) (MM/YY)

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 medical facilities to which I may be taken. 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It is understood that this consent can be withdrawn in writing or orally at anytime.

Signature of Witness

Signature of Cadet

Print Name of Witness

Print Name of Cadet SSN _____
(Last 4)

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

Print Name of Witness

Print Name of Parent SSN _____
(Last 4)