

Dear Parents of JROTC Cadets,

The attached Tuscola AFJROTC Medical Release Form # 7 is intended to assist the AFJROTC instructors in obtaining urgent or emergency medical care for your cadet during trips away from the school campus when it may be impractical or impossible to wait for a parent to arrive at a medical facility in order to authorize medical care. Examples include Drill Competitions, Raider Competitions (athletic competitions), or Curriculum-in-Action (CIA) Trips. Although this form is not required for your cadet to participate in off-campus activities, we feel it is very beneficial for us to have on file in the event of an unexpected situation.

The form **MUST** be signed by a parent/guardian in the presence of a Notary Public. **DO NOT** sign the form prior to appearing before a Notary Public. If you sign it ahead of time, the Notary Public **WILL NOT** notarize the form.

Tuscola High School has two Notaries on staff: Ms. Sherri Christopher in the Guidance Office, and Ms. Kim Jones, the Bookkeeper in the Main Office. If you intend to have either of these individuals notarize your form, we recommend you call the Main Office ahead of time at 828456-2408 to ensure one of them will be available when you arrive at the school. Banks are another convenient location to find a Notary.

If you have any questions, please contact us by phone at 828-456-2450; or by email at [kesutton@haywood.k12.nc.us](mailto:kesutton@haywood.k12.nc.us) or [srobertson@haywood.k12.nc.us](mailto:srobertson@haywood.k12.nc.us). Thank you for your support!

Sincerely,

Kevin L. Sutton  
Lieutenant Colonel, U.S. Air Force (Retired)  
Senior Aerospace Science Instructor  
Tuscola High School AFJROTC (NC-075)  
[kesutton@haywood.k12.nc.us](mailto:kesutton@haywood.k12.nc.us)  
828-456-2450 or 828-456-2408

# TUSCOLA AIR FORCE JUNIOR ROTC

564 TUSCOLA SCHOOL RD.  
WAYNESVILLE, NC 28786  
828-456-2450

## MEDICAL RELEASE (FORM #7)

VALID THROUGH SEPTEMBER 30, 2017 FOR ALL TUSCOLA  
AFJROTC EVENTS AND TRIPS

FULL NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT'S WORK PHONE: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

HEALTH INS. CO.: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

EMERGENCY CONTACT AND PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY KNOWN ALLERGIES: \_\_\_\_\_

KNOWN MEDICAL CONDITIONS: \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

PLEASE CHECK ANY OF THE FOLLOWING OVER-THE-COUNTER MEDICATIONS YOUR  
CHILD MAY BE GIVEN IF NECESSARY:

TYLENOL: \_\_\_\_\_ ADVIL: \_\_\_\_\_ DECONGESTANT: \_\_\_\_\_  
TUMS: \_\_\_\_\_ BENADRYL: \_\_\_\_\_ IMMODIUM: \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS THAT YOUR CHILD TAKES ON A DAILY BASIS:

\_\_\_\_\_  
  
\_\_\_\_\_

(OVER, PLEASE)

# AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I HEREBY GIVE MY PERMISSION TO THE TUSCOLA AFJROTC INSTRUCTORS TO SECURE AND AUTHORIZE EMERGENCY MEDICAL TREATMENT SHOULD MY CHILD BECOME SERIOUSLY ILL OR INJURED. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME IN CASE OF EMERGENCY.

## DRUG, ALCOHOL, AND BEHAVIOR RESPONSIBILITY CLAUSE

I UNDERSTAND THAT IF MY CHILD 1.) WILLFULLY AND KNOWINGLY ACTS IN A MANNER WHICH ENDANGERS HIS/HER LIFE OR THE LIFE OF ANOTHER PERSON, 2.) HAS IN HIS/HER POSSESSION DRUGS OR ALCOHOL, 3.) CONSUMES DRUGS OR ALCOHOL DURING ANY EVENT OR TRIP SPONSORED BY TUSCOLA AFJROTC, OR 4.) REPEATEDLY DISOBEYS THE RULES OF THE GROUP, THE AFJROTC INSTRUCTORS MAY CONTACT ME AT ANY HOUR OF THE DAY TO ARRANGE FOR THE IMMEDIATE RETURN HOME OF MY CHILD, PAYABLE BY ME, 5) ALL SCHOOL POLICIES/RULES APPLY AT ALL TIMES.

PARENT SIGNATURE: \_\_\_\_\_  
(Do not sign until in the presence of the Notary Public; Notary Public must witness signature)

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

North Carolina, Haywood County

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_