

School Name: Jim Hill High School

CADET INFORMATION

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

1. **AUTHORITY:** Title 10, U.S. Code 2102

2. **PRINCIPAL PURPOSE(S):** To gather information, emergency points of contact, and statement of the physical condition of JROTC cadets attending JCLC.

3. **ROUTINE USES:** Normal Personnel Actions--Disclosures of information may be provided to proper authorities in actions regarding medical treatment, legal actions, investigation of accidents, and preparation of statistics and training records resulting from JCLC.

4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary. Failure of cadet to complete form will disqualify JROTC cadet from participating in JCLC.

1. Cadet Name: _____ M / F
(Last Name, First, MI) (Gender)

2. Parent or Guardian _____
(Name and Address)

3. Contact phone number: _____ Other: _____

NOTE: IF PARENT OR GUARDIAN CANNOT BE CONTACTED, PLEASE LIST ONE OTHER PERSON TO CONTACT IN CASE OF AN EMERGENCY.

4. Emergency Contact: _____
(Name) (Contact Phone Number)

STATE OF PHYSICAL CONDITION

To the best of my knowledge

(_____) Initials

My son/daughter/ward is in good physical condition. Participation in JCLC, in my opinion, will not have an adverse effect on his/her health and well-being. I will inform the JCLC Commander of any changes.

(_____) Initials

My son/daughter/ward has a history of (identify illnesses; Heart disease, Asthma, Overweight, Sinus, Rheumatic Fever, Ear Infection, Headaches, or any other ailments) _____,

and is on _____ medication. He/she is allergic to the

following medication: _____.

NOTE: Students that are found to have previous history of any type illness, past injury, and/or symptoms of suspected medical ailment, will be returned home if treatment is needed or desired.

Family Physician Information:

Family Doctor: _____
(Name / Clinic)

Address: _____ Phone Number: _____

Family Dentist Information:

Family Dentist: _____
(Name / Clinic)

Address: _____ Phone Number: _____

DENTAL RECORDS

I acknowledge my dental records contain detail profiles and/or x-rays of sufficient detail for identification.

I (do) (do not) have a dentist or dental records.

(Signature of Cadet)

(Signature of Parent/Guardian)

School Name: Jim Hill High School

Does Cadet Require A Waiver?

☐ Yes

☐ No

**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 JCLC.

(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 JCLC.

(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING

INFORMATION: Voluntary. Failure to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I _____, consent to be treated in an Army Hospital, or any other government
(Name of Cadet)
or civilian medical facility, near or enroute to Camp Shelby, MS, while attending or traveling to or
from JCLC on the following dates 1-6 June 2025.
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 above-named medical facilities. 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) _____
_____.

CADET:

It is understood that this consent can be withdrawn in writing or orally at anytime.

Print Name of Witness

Print Name of Cadet

Signature of Witness

Signature of Cadet

PARENT OR GUARDIAN: (When cadet is a minor or unable to give consent complete the following)

I _____, parent/guardian have read and understood the above consent to
Treatment and hereby expressly consent to the above-described treatment.

Print Name of Witness

Signature of Parent

Signature of Witness

Print Name of Parent

School Name: Jim Hill High School

**COVENANT NOT TO SUE
OFF-CAMPUS TRAINING AND PRACTICAL FIELD/HIGH RISK TRAINING**

(1) AUTHORITY: Title 10, U.S. Code 23-1.

(2) PRINCIPAL PURPOSE(S): To release the U.S. Government, the host institution and the state in which said institution is located from liability for injury; death, or damages for JROTC cadets participating in voluntary off-campus training programs, practical field, and high risk training.

(3) ROUTINE USES: Normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, and investigations of accidents resulting from such voluntary off-campus training, practical field, and high-risk training.

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

I _____, residing at _____
(Print Student full name) (Address)

_____ do hereby agree that in consideration for being
(City & State)

allowed to participate in JCLC, conducted by **RCSD JROTC DAI**, an Army supervised
(Name of JROTC Instructor Group)

activity, and whereas I am doing so entirely on my own initiative, risk, and responsibility; and being fully aware of the risk adhering to this type of training, I hereby **RELEASE AND DISCHARGE FOREVER**, the United States Army, State of Mississippi, Jim Hill High School and all of its
(School Name)

officers, agents, and employees, acting officially or from any and all claims demands, actions or causes of action, on account of myself OR on account of any injury to me which may occur from any cause during said activity or continuances thereof, and I do further covenant and agree to hold the said Government of the United States, State of Mississippi, Jim Hill High School and all of its officers, agents, and employees, acting officially
(School Name)

Or otherwise, blameless for any and all damages which I may cause either intentionally or thru my negligence.

Printed Name of Parent or Guardian

Age of Student Cadet during camp

Signature of Parent or Guardian

Signature of Cadet

Relationship to Cadet

Date Signed (Day/Month/Year)

School Name: Jim Hill High School

CSTS PROPERTY USE RELEASE

(Hold-Harmless Agreement)

Date(s) of training 1 - 6 June 2025
Days /Month/Year

KNOW ALL MEN BY THESE PRESENTS: Whereby, I the Parent or Guardian of _____ who is about to participate in a non-military activity on Camp Shelby, a Mississippi National Guard facility. and whereas this is being done with my permission, knowing the personal risk and responsibility; and in consideration of receiving free access to approved facilities and training areas from the Mississippi Military Department at Camp Shelby, MS, including any other use in conjunction with subject activities that may reasonably occur, commencing on or about the above date, I hereby release the Mississippi Army National Guard, the Mississippi Military Department, and the State of Mississippi, including their subdivisions, officers, personnel, employees, agents, and designees from all liability for any injuries or death that may result from this use, whether caused by negligence or otherwise.

It is understood that by using these facilities, the Military Department is not acting as a landlord or caretaker and does not bear the liabilities attached to that status.

It is understood that the use of the facilities is voluntary and are not under compulsion to do so.

It is understood that by accepting such use, there is no obligation towards the Mississippi Military Department, except as imposed by this release.

It is understood that this release not only binds the trainee, but also the family, heirs, assigns, administrators, and executors.

The terms "use and access", as used herein, are understood and agreed to include the use of facilities at Camp Shelby. It is further understood and agreed that this release extends to and includes negligence, faulty construction, and structural failure of the facilities thereof.

WITNESS MY SIGNATURE, this the ____ day of _____, 20____.
Month Year

(Signature of Parent/Guardian)

(Printed Name of Parent/Guardian)

(Signature of Cadet)

(Printed Name of Cadet)

School Name: Jim Hill High School

JCLC IN/OUT PROCESSING

CADET INFORMATION (Completed by Parent/Guardian)

Last name, First, MI: _____

SSN: XXX-XX-
(Last 4)

Address: _____ City: _____

State: _____ Zip Code: _____

School: _____ Let Level: _____
(As of SY 24/25)

DOB: _____ Gender: M / F

Person to be notified in case of emergency (Completed by Parent/Guardian)

Name of Emergency Contact: _____

Relationship to Cadet: _____

Address: _____ City: _____

State: _____ Zip Code: _____

School: Jim Hill High School LET Level (SY 24/25): _____

ITEMS REQUIRED AND PROHIBITED FOR ATTENDANCE AT JCLC

REQUIRED ITEMS

- * Lockable duffle bag
- * 1 pair combat boots
- * 2 sets of OCPs
- * 1 OCP cap
- * 4 pairs boot socks
- * 4 coyote brown T-shirts
- * Canteen with cover and pistol belt or Camelback
- 1 Pillow
- 2 blankets
- 5 pair athletic socks
- Undergarments of sufficient quantity. Bra must be worn by females. (Sports bra recommended)
- 2 bath towels
- Shower shoes (flip-flops)
- 1 wash cloth
- Toilet articles (soap, toothpaste, tooth brush, shaving gear, etc.)
- Females should anticipate the possible need for sanitary items
- Prescription medication (**SEE NOTE BELOW**)
- PT clothing (T-shirt and dark shorts)
- Running shoes
- Water shoes or old pair of athletic shoes that can be submerged in lake water
- Modest swim suit (No thongs, strings, speedos are allowed)
- 2 sets of civilian clothing (Must be reasonable and in good taste)
- Small amount of money for Post Exchange visits and snacks. (\$25.00 is sufficient)

PROHIBITED ITEMS

- Jewelry
- Musical instruments
- Expensive cameras (Small, inexpensive camera is acceptable)
- Tobacco, tobacco products, or Vapes/E-Cigs
- Knives
- Cell phones

SPECIAL NOTES

Items marked with * will be issued to Cadet by their JROTC program.

Prescription medication must be turned in to the JCLC S1 for safe keeping by the JCLC medical team. Arrangements will be made to allow the prescribed dosage of medication to cadets.

JROTC Cadet Leadership Challenge (JCLC) Medical Waiver Request

(For use only if medical waiver is required, *does NOT meet requirement for a physical*)

School Name: Jim Hill High School Cadet Name: _____

Cadet's Medical Issue / Reason for Examination: _____

Information Provided to Medical Personnel Performing Examination

1. This following information describes the training that this student will undergo while attending the JROTC Cadet Leadership Challenge (JCLC) Summer Camp at CAMP SHELBY Mississippi.

- The student will train primarily outdoors. Sleeping will be in air conditioned barracks. Meals are in a large dining facility with 30 minutes scheduled to consume each meal. Meals are based on an Army feeding plan, with limited, if any, menu options.
- Day time temperatures average over 90 degrees Fahrenheit with a heat index, at times, above 100 degrees. Rainfall ranges from very little precipitation to thunderstorms. Elevated pollen counts are not unusual so the environment may not be friendly to those who suffer from asthma, severe allergies, diabetes, or other medical conditions.
- The students execute four major training events in four days. These events area mentally and physically demanding requiring upper and lower body strength such as climbing a ladder then rappelling from a 60-foot tower, carrying a 42 lb. water can, canoeing with paddling several hundred yards, land navigation in open / rolling terrain, and performing right angle pushups, bent leg sit ups, and a one mile run.

2. Limited medical sick call operations are conducted by a registered nurse. Students may not keep medication with them. There is concern that heat-sensitive medications such as antibiotics, anti-depressants, acne, and other skin conditions, and others may pose additional risks to the participant. All training venues have medics onsite, along with access to AAA ambulance service and Forrest General Hospital is located approximately 10 miles to the north.

I certify that the above listed student can withstand the rigors of the JCLC summer camp as described above without any predictable adverse medical consequences.

Doctor Signature _____ Date: _____

Doctor's Name (Printed)/Address/Phone Number: _____

Student's disqualifications or limitations are discussed below or attached.



DEPARTMENT OF THE ARMY
XXXXXXX High School
105 MAIN STREET
SOMEWHERE, MS 39000

12 February 2025

MEMORANDUM THRU Commander, MS-JCLC, Camp Shelby, MS 39407

FOR: Commander, 6th Brigade, USACC, Hunter Army Airfield, GA 31409

SUBJECT: Medical Waiver Request for Cadet (Cadet's Name)

1. Request approval of a medical waiver for Cadet (Name), XXXXX High School, XXXXX, MS, to attend JCLC 2025 at Camp Shelby, MS.
2. Cadet (Name) has a (condition, i.e. nut allergy, asthma, etc) and has been cleared by his doctor to attend JCLC 2025 (see attached waiver form). Cadet (Name) is very active in our JROTC Program and his/her condition has in no way affected his ability to complete physical activities throughout the school year. *Note: Add any information you think would be pertinent to your request.*
3. POC is the undersigned at 601-825-0000 or jane.doe@somewhere.k12.ms.us.

Encl

Waiver Request Form

SIGNATURE REQUIRED

JANE S. DOE

LTC, U.S. Army Retired

Senior Army Instructor

EXAMPLE

School Name: Jim Hill High School

WATER TRAINING AGREEMENT

Water training is one of the events conducted at JROTC Cadet Leadership Challenge this year. Cadets will participate in a Canoe exercise at Lake Walker, Camp Shelby, MS. Life jackets are required during the on-water phase of Canoe Training. This training will be on a voluntary basis. Cadets who choose to participate in this training must have this form signed by their parent/guardian.

Name of Cadet (Print): _____
First Last

☐ **HAS** my permission to participate in Canoe Training.

☐ **DOES NOT HAVE** my permission to participate in Canoe Training.

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE