

Parental/Guardian Release Forms
UNIT: TX-20092

Printed Name of Cadet : _____
Last Name, First Name, Middle Initial

Cadet Photo Release Form: YEAR 20 _____

We (Air Force Junior ROTC) are sending you this parental consent form to request permission to use your child's photo/image and name for US Air Force advertising purposes to include on social and other media. Please check one of the following choices:

- ☐ I GRANT permission for my child's photos/images and name to be used for US Air Force advertising purposes to include on social and other media.
- ☐ I GRANT permission for photos/images of my child without any other personal identifiers to be used for US Air Force advertising purposes to include on social and other media.
- ☐ I DO NOT GRANT permission for photos/images of my child to be used for US Air Force advertising purposes to include on social and other media.

Cadet Access Module and Data Entry into WINGS: YEAR 20 _____

We (Air Force Junior ROTC) are sending you this parental consent form to inform you that AFJROTC cadets will be entering your student's information / participation in the Cadet Access Module of WINGS.

The information being input will fall in all of the following areas:

1. Physical Fitness (PT) Module: Health/Wellness Scores for each event
2. Events Module: Community Service, Curriculum in Action Trips, Fund Raisers, Competitions, Cadet Leadership School, Co-Curricular Activities that your student participated in while in JROTC
3. Unit Management Module: Issuing of Cadet Rank/Promotions, Cadet Awards, Creating Unit Goals
4. Logistics Module: Issuing/ Returning and Ordering of Uniforms

The cadets accessing the Cadet Module of WINGS will not have access to any of the following information pertaining to your student: Address, Phone number, Email address, Date of Birth, Social Security Number.

- ☐ I GRANT permission for cadets to upload data relating to my child as outlined above.
- ☐ I DO NOT GRANT permission for cadets to upload data relating to my child as outlined above.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

The Privacy Act of 1974 applies. The information herein is For Official Use Only (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. § 522) and/or the Privacy Act of 1974 (5 U.S.C., §552a), as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.

CADET HEALTH/WELLNESS PROGRAM
CADET PARTICIPATION CONSENT HEALTH SCREENING
UNIT: TX-20092

QUESTIONNAIRE YEAR: YEAR 20 _____

AFJROTC Cadet Health/Wellness Program is designed to work with the cadet 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 calisthenics exercises. The AF JROTC instructors have been trained in administering CPR if needed.

Parent/Guardian,

By granting permission, we understand there are risks associated with any physical activity. It is our responsibility to inform the AFJROTC instructor of anything that should keep our child from participating in the AFJROTC Cadet Health/Wellness Program. In the event of a medical problem, we understand that any medical care that may be required is our personal financial responsibility.

	YES	NO	
_____ has permission to participate in the <small>(Printed Name of Cadet) Last Name/First Name/Middle Initial</small> Cadet Health/Wellness Program	<input type="checkbox"/>	<input type="checkbox"/>	
Printed Name Parent/Guardian: _____			
Signature Parent/Guardian: _____			
Date: _____			

It is mandatory to complete this screening form prior to participating in the Cadet Health/Wellness Program.

Return this completed questionnaire to your SASI or ASI, and advise them if you responded "Yes" to any of the questions below.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has there been any significant change to your health in the past 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently on a medical profile exempting you from PT activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has a physician ever indicated you have heart disease, heart or breathing troubles? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do you suffer from pains in your chest, especially with physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you feel faint or have dizzy spells during or after physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have shortness of breath related to asthma or any other condition that exercise could aggravate? | <input type="checkbox"/> | <input type="checkbox"/> |

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	YES	NO
4. Have you experienced a significant weight change in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", indicate the estimated amount: <input type="text"/> Gained <input type="text"/> Lost _____ lbs.		
5. Have you ever been diagnosed or displayed symptoms of heat stress?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you take any dietary, herbal or nutritional supplements, which contain any of the following substances: Ephedra/Ephedrine, Guarana, Phenylephrine, Pseudoephedrine?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please list: _____		
7. Do you have any other medical issues that may cause a safety concern during physical exercise? (i.e., allergies, pregnancy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please list: _____		

Note: If a cadet's health status changes during this school year cadet will notify AFJROTC instructor

This form is to gather information to be used for screening a candidate for participation as an AFJROTC cadet in the following areas: AFJROTC Cadet Health Wellness Program, Photo Consent and Cadet Access Module participation. This form is for internal use only

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