

MILITARY DEPENDENT MEDICAL INFORMATION

DATA REQUIRED BY THE (PRIVACY ACT OF 1974) AUTHORITY: Title 10 United States Code, Section 3013

PRINCIPAL USES: To obtain background information for proper assignment of the individual into a recreational activity; to contact participants home and parents in the even of an accident or illness; to obtain sponsor's consent for access to emergency medical care; to provide a contract between the teen, sponsor, and the MWR activity for standards of conduct during the PACIFIC Youth Leadership Forum. ROUTINE USES: To provide information to medical personnel in the absence of a parent; to notify the parents in case of emergency; to mail information of interest to the participant; to contact the youth or youth's parents relative to the youth's participation in the PACIFIC Youth Leadership Forum. DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be allowed to participate in the PACIFIC Youth Leadership Forum.

ADULT /YOUTH NAME _____
Last First Middle

Last Physical Evaluation Date: _____

Medical Condition: (*Write Yes or No*) Diabetes: _____ Asthma: _____ Heart Murmur: _____

Allergies: _____ Are you Allergic to Bees? *Circle One* YES NO

Medications Currently Taking: _____

Special Needs/Other Conditions: _____

Identification Card # /Tri Care #/Primary Physician: _____

SPONSOR'S MEDICAL CONSENT

I _____
Name Rank Unit

give consent for an authorized YS representative to take my child for care, medical or dental, in an emergency situation where the condition of the youth represents an imminent threat to her/his well-being. I understand every effort will be made to notify me prior to such action and the expense if any will be borne by me.

ASSUMPTION OF RISK AND RELEASE

RELEASE EXECUTED TO: Child and Youth Services, U.S. Army, Pacific. In consideration of being permitted to participate in: PACIFIC Youth Leadership Forum at Kilauea Military Camp and Volcano National Park, ocean swimming, kayaking and other outdoor challenge course activities and indoor/outdoor games, I the undersigned, in full recognition and appreciation of the dangers and hazards inherent to the above mentioned activities, do hereby voluntary agree to assume all associated risks and responsibilities to which I may be exposed during transportation to and from the activity and during my participation in the activity. In addition, I will be financially responsible for any property damage/loss or injuries that may occur as a result of my negligence or failure to follow instructions. I have been provided verbal and/or written information that describes the activity and its inherent danger, hazards, and possibilities of injury or damage (see above acknowledgment of risk).

Further, myself, my heirs, successors, assignees, and personal representative(s) hereby agree to release and hold harmless Child and Youth Services, PARO, its authorized Moral, Welfare, and Recreation subdivisions, and the United States Government, and it's employees from all liability, loss damage, or expense, including reasonable attorney fees, which may arise on account of damage to property, or personal injury, death, or emotional distress resulting from transportation to and from, or my participation in these activities, provided the damage, death or emotional distress does not result from the gross negligence or intentional misconduct of the PARO Child & Youth Services, it's Morale, Welfare, and Recreation subdivisions, the United State Government, or it's employees.

Participants Full Name (please print): _____

Participant's Signature: _____ Date: _____

Parent(s)/Guardian(s) Full Name (Please Print): _____

Parent/Guardian(s) Signature: _____ Date: _____