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|  | Department of the Army "wolverine" ARMY JROTC Battalion**vashon high school****st. louis, missouri 63106*****"AN HONOR UNIT WITH DISTINCTION"*** |  |

**JROTC PARENT PERMISSION FORM AND HEALTH STATEMENT**

Form Purposes: To document parent/guardian approval for the following: program participation; maintaining an automated record of cadet leadership and training progress; preparing personnel actions; establishing accountability and responsibility for all government issued equipment and uniforms; determining cadet health status; and publicly recognizing cadet achievements.

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Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_

I understand that the JROTC Cadre will maintain an automated record of each cadet’s participation and progress during the enrollment period using the JROTC Unit Management System (JUMS) software program. In addition, cadet/parent/guardian accept responsibility for safeguarding, maintaining and accounting for all government property issued to or in a cadet’s possession and will reimburse the JROTC Program for any items lost or damaged due to negligence. The undersigned will ensure that the cadet has transportation to and from each JROTC activity on a timely basis as required by the Cadre. My signature is also approval for the Cadre to transport my child in their personal autos in support of official JROTC activities if/as required, and permission to place my child’s name, photos and achievements on any JROTC related website.

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Cadet Signature/Date Parent/Guardian Signature/Date

**HEALTH STATEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has no medical condition or impairment (except as noted below) that would preclude his/her full participation in JROTC, and has my permission to participate in any and all JROTC classes, training, community service events, elite/after school teams, etc.

Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed Name of Parent/Guardian Signature of Parent or Guardian/Date