

TO BE COMPLETED BY STUDENT

**SOUTHERN UNIVERSITY
NAVAL RESERVE OFFICERS TRAINING CORPS
STANDARD RELEASE FORM**

I, (print full name) _____, a member of the Southern University Naval Reserve Officers Training Corps (NROTC), in consideration of basic College Program participation in NROTC sponsored activities, do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, the government of the United States and its officers, representatives, and agents acting officially and also the local, regional, and national Navy Officials of the United States.

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service, or civilian physicians to render such medical and dental care as may be necessary and medically indicated in my case during my enrollment in the NROTC College Program, as is deemed necessary by a qualified practitioner.

I understand that care at a military facility for non-military dependents will normally be rendered on a temporary (emergency) basis only; if further care is indicated, I will be transferred to a nonmilitary facility as soon as possible. Emergency care provided to midshipmen who are not military dependents at a military medical facility may be subject to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAVMEDCOMINST 6320.3B.

I have no known medical conditions which might preclude or limit in any way my participation in NROTC sponsored activities.

I have a current medical/dental insurance policy as follows:

Medical Insurance Company Information

Name: _____

Address: _____

Telephone: _____

Policy/ID Number: _____

Telephone Confirmation Number: _____

Dental Insurance Company Information

Dental insurance is not required; however, the information provided may be required to obtain non-emergency care.

Name: _____

Address: _____

Telephone: _____

Policy/ID Number: _____

Telephone Confirmation Number: _____

(CONT.)

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I have the following known allergies:

I am taking the following medications and/or treatments:

PRIVACY ACT NOTIFICATION

Under the authority of 5 U.S.C. Sec. 301, the information regarding your health, medical condition and treatment is requested in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition, which may arise during Southern University NROTC sponsored activities. Pursuant to the Privacy Act, 5 U.S.C. Sec. 552, the requested information will not be divulged without your written authorization to anyone other than the NROTC area personnel involved with administration of NROTC activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem which may arise. Disclosure is voluntary; however, failure to provide the requested information will preclude your participation in the Southern University NROTC sponsored activities.

Signature: _____

Printed Name: _____

Address: _____

Telephone: _____

Mobile Telephone: _____

NEXT OF KIN TO NOTIFY IN CASE OF AN EMERGENCY:

Name: _____

Address: _____

Telephone: _____

Telephone: _____

Name: _____

Address: _____

Telephone: () _____

Mobile Telephone: () _____