

UNITED STATES MARINE CORPS
Marine Corps Junior Reserve Officers' Training Corps
McKinney High School
1400 W. Wilson Creek Parkway
McKinney, Texas 75069

Parental Permission Slip and Consent Form (General)

We the parents (or legal guardians) of _____ do hereby authorize our child (or ward) to participate in the McKinney High School MCJROTC Program for the 2019-2020 school year. **We understand the assignment to the MCJROTC program is a minimum of one year commitment.** Requests for schedule changes prior to completion of the minimum period will not be given favorable consideration. We give our permission for our child (ward) to participate in all MCJROTC activities, both on and off campus. We further authorize our child (ward) to be transported via commercial transportation (bus/van) and by parent and student car pool, to MCJROTC sanctioned events.

As a condition of participation in the MCJROTC Program and its related activities, we, the below named parent(s)/guardian(s) hereby release the U.S Marine Corps, the McKinney High School, the school's MCJROTC Unit, and all their associated officers, agents and representatives from any and all claims, demands, actions or causes for action, due to death, injury or illness arising from participation in the above described MCJROTC programs, activities and trips.

The parent/guardian is reminded that every reasonable precaution will be taken to provide for the safety, care and welfare of students. In the event of an accident which requires emergency medical care, every effort will be made to notify the parent/guardian. If the parent/guardian cannot be contacted in the event of an accident or illness, permission is also hereby given to the Senior Marine Instructor (SMI)/Marine Instructor (MI) to authorize any necessary medical treatment or hospitalization deemed to be in the best interest of the above name student. The parent/guardian hereby assumes financial responsibility for hospitalization and medical treatment expenses provided to this student.

Permission is granted for the above named student to be transported as a passenger in privately owned vehicles. It is further agreed that the parent/guardian and students will assume all legal responsibility for the personal safety and actions of the above named student while the student is traveling to and from MCJROTC sponsored activities when transportation is not provided by the McKinney High School.

(Signature of parent/guardian)

(Emergency Telephone Number)

Special Medical /Physical Condition Information

List any prescription medications the student is currently taking:

Is your child/ward allergic to any medication(s)? If yes, list medicines which might cause an allergic reaction: _____

Is there any special medical condition for your child/ward which should be brought to the attention of the sponsor? If yes, please explain: _____

I understand that all rules and policies governing student conduct in the MCJROTC Program and McKinney High School applies at all times throughout the duration of any off-campus trips. I have read and agree, as the party responsible for the above mentioned student, to all statements and terms set forth herein.

My child/ward, _____, is:

- Physically qualified to participate in the MCJROTC Program.
- Physically qualified to participate in the MCJROTC Program with the following limitations: _____

(Health appraisal form required)

- Not** physically qualified to participate in the MCJROTC Program.

(Signature of Parent/Guardian)

I have read and agree to comply with all the above statements and terms.

(Signature of Student)

Authorizing Officials

For McKinney High School:

(Signature of Principal/Date) (Optional)

Instructor Authorization:

(Signature of SMI/Date)

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Health Appraisal Form

Last Name	First	Middle	Birth Date	School	Grade		
Has student a history of the following? Mark X only if YES and write remarks below.							
1. Chicken Pox			14. Orthopedic Problem				
2. Measles			15. Convulsions Or Equivalent				
3. German Measles			16. Other Neurological Disorder				
4. Mumps			17. Emotional Problems				
5. Allergy			18. Accidents				
6. Eye Problems			19. Operations				
7. Ear Problems			20. Hospitalizations				
8. Pulmonary Disease			21. Other				
9. Cardiac Disease			22. Is student taking medication? If yes, Explain.				
10. Endocrine Disorder							
11. Menstrual Disorder							
12. Kidney Disease							
13. Congenital Anomalies							
Immunization History							
Initial Series Year	Date	Date		Date	Result	Date	Result
DPT			Small Pox				
DT			TB Skin Test				
Tetanus			Chest X-Ray				
Polio							
Measles							
Mumps							
Rubella							
Remarks:							

To the best of my knowledge:

- My child is physically qualified to participate in the MCJROTC Program.
- * My child is physically qualified to participate in the MCJROTC Program with the following limitations:

- * My child is NOT physically qualified for the MCJROTC Program

 Parent(s) Signature

***If either block is checked, SMIs must refer the cadet to a physician to complete the back of this form.**

Physical Examination

Reason for Examination: Limited physical qualifications.	
Height _____ Weight _____ BP _____ P _____	
General Appearance (Body build, nutritional status, behavior, etc.)	
I. Mark X if Abnormal and write description in block II.	
1. Gait Posture	9. Lymph Glands
2. Skin and scalp	10. Thorax, Lungs
3. Eyes	11. Heart
4. Ears	12. Abdomen, Hernia
5. Nose	13. Genitalia
6. Mouth, Teeth	14. Extremities
7. Pharynx, Tonsils	15. Back
8. Neck, Thyroid	16. Neuromuscular System, Reflexes
Vision	
Uncorrected	Corrected
Right	
Left	
Urinalysis	
Sugar _____	
Albumin _____	
II. Description of Abnormal Findings:	

- I find this student physically qualified to participate in the MCJROTC Program
- I find this student physically qualified to participate in the MCJROTC Program with the following limitations: _____
-
- I find this student NOT physically qualified.

_____ MD

_____ Street

_____ City/State/Zip Code

_____ Phone Number

NOTE: This side should only be completed in accordance with school regulations or when the cadet's parent/guardian advises that the cadet has limitations or is physically unqualified.