NAVAL RESERVE OFFICERS TRAINING CORPS
(NROTC)
STANDARD RELEASE FORM

I, _____ a member of the Naval Reserve Officers Training Corps, in consideration of basic College Program participation in Naval Reserve Officers Training Corps, Battalion, University of Florida sponsored extracurricular activities, on Naval Air Station Jacksonville, Naval Base Mayport, Naval Submarine Base Kings Bay, Jacksonville University, and Marine Corps Reserve Center Jacksonville from 16 August to 21 August 2010, 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 ail 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 this period of activity, as is deemed necessary by a qualified practitioner.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only, if further care is indicated the patient will be transferred to nonmilitary care as soon as possible. Emergency care provided to midshipman 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 the above mentioned activities.

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

Medical Insurance Company *:

Name:

Address:

Telephone:

Policy/ID Number:

Telephone Confirmation Number:

Dental Insurance Company *

Name:

Address:

Telephone:

Policy/ID Number:

Telephone Confirmation Number:

*** This insurance is not required. However, the information provided may be required to obtain non-emergency care.**

I have the following known allergies:

I am taking the following medications or treatment:

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 the above mentioned 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 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 activity specified above.

Signature: _____

Printed name:

Address:

Telephone: