**Parental/Guardian Release Forms**
**UNIT: TX-20066**



**Printed Name of Cadet:_____**
**Last Name/First Name/Middle Initial**

## Cadet Photo Release Form: SY 2022

We (Air Force Junior ROTC) are sending you this parental consent form to request permission to use your child's photo/image and name for US Air Force advertising purposes to include on social and other media. Please check one of the following choices:

☐ I GRANT permission for my child's photos/images and name to be used for US Air Force advertising purposes to include on social and other media.

☐ I GRANT permission for photos/images of my child without any other personal identifiers to be used for US Air Force advertising purposes to include on social and other media.

☐ I DO NOT GRANT permission for photos/images of my child to be used for US Air Force advertising purposes to include on social and other media.

## Cadet Access Module and Data Entry into WINGS: SY 2022

We (Air Force Junior ROTC) are sending you this parental consent form to inform you that AFJROTC cadets will be entering your student's information / participation in the Cadet Access Module of WINGS.
The information being input will fall in all of the following areas:

1. Physical Fitness (PT) Module: Health/Wellness Scores for each event
2. Events Module: Community Service, Curriculum in Action Trips, Fund Raisers, Competitions, Cadet Leadership School, Co-Curricular Activities that your student participated in while in JROTC
3. Unit Management Module: Issuing of Cadet Rank/Promotions, Cadet Awards, Creating Unit Goals
4. Logistics Module: Issuing / Returning and Ordering of Uniforms

The cadets accessing the Cadet Module of WINGS will not have access to any of the following information pertaining to your student: Address, Phone number, Email address, Date of Birth, Social Security Number.

☐ I GRANT permission for cadets to upload data relating to my child as outlined above.

☐ I DO NOT GRANT permission for cadets to upload data relating to my child as outlined above.

**Printed name of Parent/Guardian: _____**

**Signature of Parent/Guardian: _____**

**Date: _____**

The Privacy Act of 1974 applies. The information herein is For Official Use Only (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. § 522) and/or the Privacy Act of 1974 (5 U.S.C., §552a), as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.

**CADET HEALTH/WELLNESS PROGRAM**
**CADET PARTICIPATION CONSENT HEALTH SCREENING QUESTIONNAIRE**
**SY: 2022 UNIT: TX-20066**

AFJROTC Cadet Health/Wellness Program is designed to work with the cadet to help them improve their physical fitness. All physical activity sessions will be supervised and monitored by at least one of our instructors. These sessions include walking, running, and calisthenics exercises. The AFJROTC instructors have been trained in administering CPR if needed.

Parent/Guardian

By granting permission, we understand there are risks associated with any physical activity. It is our responsibility to inform the AFJROTC instructor of anything that should keep our child from participating in the AFJROTC Cadet Health/Wellness Program. In the event of a medical problem, we understand that any medical care that may be required is our personal financial responsibility.

**_____ has permission to participate in the Cadet Health/Wellness Program** **YES - NO**
**(Printed Name of Cadet)** **(Circle one)**
**Last Name/First Name/Middle Initial**

**Printed Name Parent/Guardian: _____ Signature Parent/Guardian: _____**

**Dated: _____**

It is mandatory to complete this screening form prior to participating in the Cadet Health/Wellness Program.

Return this completed questionnaire to your SASI or ASI, and advise them if you responded "Yes" to any of the questions below.

| | | **(Circle one)** |
|---|---|---|
| 1. | Has there been any significant change to your health in the past 6 months? . . . . . | **YES - NO** |
| 2. | Are you currently on a medical profile exempting you from PT activities? . . . . . | **YES - NO** |
| 3. | Has a physician ever indicated you have heart disease, heart or breathing troubles? . . . . . | **YES - NO** |
| | a. Do you suffer from pains in your chest, especially with physical activity? . . . . . | **YES - NO** |
| | b. Do you feel faint or have dizzy spells during or after physical activity? . . . . . | **YES - NO** |
| | c. Do you have shortness of breath related to asthma or any other condition that exercise could aggravate? | **YES - NO** |
| 4. | Have you experienced a significant weight change in the past 6 months? . . . . . | **YES - NO** |
| | If "Yes", indicate the estimated amount: Gained / Lost _____ lbs. | |
| 5. | Have you ever been diagnosed or displayed symptoms of heat stress? . . . . . | **YES - NO** |
| 6. | Do you take any dietary, herbal or nutritional supplements, which contain any of the following Substances: Ephedra/Ephedrine, Guarana, Phenylephrine, Pseudoephedrine? . . . . . | **YES - NO** |
| | If "Yes" please list: _____ | |
| 7. | Do you have any other medical issues that may cause a safety concern during physical exercise? . . . . . (i.e., allergies, pregnancy, etc.) | **YES - NO** |
| | If "YES" please list: _____ | |

**Note: If a cadet's health status changes during this school year cadet will notify AFJROTC instructor**

This form is to gather information to be used for screening a candidate for participation as an AFJROTC cadet in the following areas: AFJROTC Cadet Health Wellness Program, Photo Consent and Cadet Access Module participation. This form is for internal use only

The Privacy Act of 1974 applies. The information herein is For Official Use Only (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. § 522) and/or the Privacy Act of 1974 (5 U.S.C., §552a), as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.