

Issue Date: 05 Nov 2025
Return Date: 8 Jun 2026

**2025-2026 Calendar Year
ND-20061 AFJROTC
Parental Medical Form**

1. _____ (cadet's name) has my permission to participate in all cadet:
- a. Activities
 - b. Community Service Events
 - c. Summer Leadership School

These include, but are not limited to:

Activities: JROTC Parent Picnic; Lock-In; GNATS athletic competition; Juggernaut athletic competition; overnight Color Guard, Unarmed and Armed (inert rifle) competitions.

Community Service Events: Color Guard, Adopt-A-Highway, Feed My Starving Children

Summer Leadership School: a one-week program held at Fargo South High School and Scouts Camp Wilderness, Park Rapids, MN.

2. Special attention should be given to my son/daughter as they are taking special medication or are subject to the listed medical symptoms or listed medications. _____

3. My cadet child's medical or insurance provider name and insurance policy number are:

Please note: cadets attending the one-week Summer Leadership School (SLS) will be required to provide a copy of their health insurance card.

4. My cadet son/daughter is allowed to take the following over the counter (OTC) medications:

(please circle all permitted medications)

Acetaminophen (Tylenol) Imodium Pepto Bismol Ibuprofen (Advil)

Midol Benadryl Sinus Capsules Tums

NOTE: All medications except allergy auto-injectors (EpiPens) and asthma inhalers will be maintained by a chaperone and will be dispensed to the cadet at prescribed times.

My permission is given, unless revoked, for the entire calendar year from July 1 2025 to June 30 2026.

Parent/Guardian Cell Phone: _____ Work Phone: _____

Print Name of Parent/Guardian

Signature of Parent/Guardian Name

Date: _____