

**PARENT / GUARDIAN PERMISSION TO PARTICIPATE IN
A JROTC SPECIAL ACTIVITY
AND AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby give my consent for (CADET) _____
to participate in the following ROTC special activity and to travel by government or school
conveyance to the designated place during time period stated below:

ACTIVITY: _____

LOCATION: _____

MODE OF TRANSPORTATION: _____ DATE OF ACTIVITY: _____

DEPARTURE TIME: _____ EXPECTED RETURN TIME: _____

I also give my consent for him/her to travel with the group, either by air or land, and will not hold the U.S. Army or school authorities responsible in the event of accident or injury, whether it be en route to or from the destination. If I cannot be reached and in case of an emergency, I also give my consent for the school to obtain, through a physician or hospital of their choice, such medical care as is reasonably necessary for the welfare of above stated student if he/she becomes ill or is injured during the trip or activity. I further declare that there is sufficient evidence in my son or daughter's dental records for positive identification, if needed.

PARENT/GUARDIAN

SIGNATURE _____ PHONE _____

STANDARDS OF CONDUCT: I understand that while I am on the above trip that I represent Leavenworth High School and the JROTC Corps of Cadets and that it is my responsibility to conduct myself properly at all times. This includes remaining with my team at all times and following the orders/instructions of my instructor and/or superior cadet. Violations of these standards will result in disciplinary action and may cause me to be barred from future trips.

SIGNATURE OF CADET _____ DATE _____

LHS Form 30 CADP