

**UNITED STATES ARMY CADET CORPS
RECORD OF EMERGENCY DATA**

For use of this form, see ACR 601-210; the proponent directorate is the G1

AUTHORITY: AC Regulation 601-210, Enrollment Standards and Procedures.

PRINCIPAL PURPOSE: To record emergency contact information for Cadets of the United States Army Cadet Corps. This information becomes a part of the subject Cadet's personnel records. The purpose of soliciting the SSN is for positive identification and to provide medical providers with the ability to prescribe certain medications.

ROUTINE USES: This form becomes a part of the unit's Record of Emergency Data (RED) book. This form may be used by medical providers as necessary.

CADET IDENTIFICATION DATA

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
HOME ADDRESS (Street, City, State, Zip Code)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME UNIT
HOME PHONE NUMBER	CELL NUMBER	DATE OF BIRTH	
KNOWN ALLERGIES? (If yes, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDITIONAL EMERGENCY INFORMATION (If yes, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO			

CUSTODIAL PARENT / GUARDIAN INFORMATION

NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		EMPLOYER	
HOME PHONE NUMBER	CELL NUMBER	WORK NUMBER	EMAIL ADDRESS
NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		EMPLOYER	
HOME PHONE NUMBER	CELL NUMBER	WORK NUMBER	EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

In the event of an emergency and the parent is unavailable, please list a minimum of two individuals to be contacted.

NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		HOME PHONE NUMBER	WORK/CELL NUMBER
NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		HOME PHONE NUMBER	WORK/CELL NUMBER
NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		HOME PHONE NUMBER	WORK/CELL NUMBER

MEDICAL PROVIDER

PHYSICIAN'S NAME (Last, First, Middle)

OFFICE PHONE NUMBER

OFFICE ADDRESS (Street, City, State, Zip Code)

MEDICAL RELEASE

I, being the custodial parent, legal guardian or managing conservator of the applicant indicated on the reverse of this form, do hereby consent to the treatment of my child/ward by any available and qualified medical facility of the United States Government, or any civilian physician, physician assistant or nurse practitioner, or civilian medical facility as may be required in the event of illness or injury arising from any authorized activity occurring during an authorized Annual Training, Unit Training Assembly, training evolution, community event or recreational activity. This consent includes, but is not limited to, any medical, anesthesia or surgical treatment, or hospital services rendered under the general and/or special instructions of the attending physician, physician assistant or nurse practitioner, or other physicians, physician assistants or nurse practitioners assigned to his/her case.

Initials

I hereby give permission for my child/ward to receive medication while at an authorized Annual Training, Unit Training Assembly, training evolution, community event or recreational activity. I understand the USAC accepts no responsibility for the administration of medication. I hereby release USAC, its agents and employees, from any liability that may result from my child/ward taking prescribed and/or over-the-counter medication.

I agree a photocopy of this agreement shall be as valid as the original.

PARENTAL CERTIFICATION

I certify that the information contained herein is accurate and correct. As a condition of acceptance, I certify that by initialing above, and signing below, I fully understand and agree to the contents of this medical release.

SIGNATURE OF CUSTODIAL PARENT/
LEGAL GUARDIAN

DATE

SIGNATURE OF UNIT COMMANDER

DATE

NOTARY STATEMENT

STATE OF _____, COUNTY OF _____, ss.:

On _____, 20_____, before me _____

personally came _____, to me known, and known to me to be the individual(s) described in and who executed the forgoing Parental/Guardian Agreement and duly acknowledged to me that (he)(she)(they) executed the same.

SIGNATURE OF NOTARY PUBLIC

[SEAL]

My Commission Expires: _____