

**AREA THREE BASIC LEADERSHIP TRAINING
MEDICAL QUESTIONNAIRE / RELEASE
TO BE COMPLETED BY PARENT OR GUARDIAN**

1. I give my permission for the medical staff at Area Three Basic Leadership Training (BLT), to administer Aspirin, Tylenol, Motrin, cold/sinus pills (Sudafed), antihistamines (Benadryl), or topical medications if needed. I also give my permission to the BLT medical staff to care for my child's immediate medical needs during training.

YES _____ NO _____ (Initial One) * Note: In the event of a medical emergency the BLT medical staff will do what is necessary to assist the child prior to transport to the nearest hospital.

2. A. I certify that my child has no known DRUG or FOOD allergies _____ (Initial)
or;

B. My child is allergic to the following FOODS or MEDICATIONS:

3. My child IS or IS NOT allergic to bee or wasp stings. (Circle One)

4. My child is required to carry the following medication for allergic reactions to bee or wasp stings:

5. My child takes the following medications daily: _____

6. The above daily medications are taken for the treatment of the following: _____

7. A. My child has had no SURGERIES in the past year. _____ (Initial) or;

B. My child has had SURGERY for the following in the past year:

ANY QUESTIONS MAY BE DIRECTED TO: CAPT Neil May, Washington High School
Navy JROTC: (812) 254-3860x326 or nmay@wcs.k12.in.us (email preferred)

Signature of Parent or Guardian