

NAVAL RESERVE OFFICERS TRAINING CORPS (NROTC) STANDARD RELEASE FORM

I, _____, as of this date _____, as a member of the Naval Reserve Officers Training Corps, in consideration of participation in NROTC Marquette University sponsored extracurriculars, New Student Orientation, and all training activities, do hereby release from any and all claims, demands, actions or causes of action due to death, injury, or illness, the government of the United States and all its officers, representatives, and agents acting officially and also the local, regional, and national Navy Officials of the United States.

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Services or civilian physicians to render such medical and dental care as may be necessary and medically indicated in my case during this period of activity, as it is deemed necessary by a qualified practitioner.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only. If further care is indicated, the patient will be transferred to non-military care as soon as possible. Emergency care provided to midshipmen who are not military dependents at a military medical facility may be subject to reimbursement, and may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAMEDCOMINST 6320.3B

I have no known medical conditions which might preclude or limit in any way my participation in the above mentioned activities.

I have current medical and dental insurance as follows:

Medical Insurance Company

Name: _____

Address: _____

Telephone: _____

Policy/ID Number: _____

Telephone Confirmation Number: _____

Dental Insurance Company

Name: _____

Address: _____

Telephone: _____

Policy/ID Number: _____

Telephone Confirmation Number: _____

- **Dental Insurance is not required. However, the information provided may be required to obtain non-emergency care.**

I have the following known allergies:

I am taking the following medication or treatments:

Privacy Act Notification

Under the authority of 5 U.S.C. Sec. 301, the information regarding your health, medical condition, and treatment is requested in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition which may arise during the above-mentioned activities. Pursuant to the privacy Act, 5 U.S.C. Sec 552, the requested information will not be divulged without your written authorization to anyone other than NROTC personnel involved with administration of NROTC activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem which may arise. Disclosure is voluntary, however, failure to provide the requested information will preclude your participation in the activities specified above.

Signature: _____

Printed Name: _____

Address: _____

Telephone: _____