

UNITED STATES NAVAL ACADEMY STRATEGIC OUTREACH MEDICAL CONSENT STUDENT FORM

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 6954, Midshipmen: number; 10 U.S.C. 6956, Midshipmen: nomination and selection to fill vacancies; 10 U.S.C. 2192, Improvement of education in technical fields; general authority regarding education in science, mathematics, and engineering; E.O. 9397 (SSN), as amended; DoDI 1322.22, Service Academies; and [SORN N01531-1](#).

PURPOSE: To collect necessary information and permission to treat participants needing medical attention while attending a U.S. Naval Academy student program.

ROUTINE USE(S): Used by admissions to obtain parent/legal guardian consent for minor's participation in recreational and physical activities and consent for medical treatment of a minor if needed while attending a U.S. Naval Academy student program.

DISCLOSURE: Voluntary; however, failure to provide the requested information, failure to consent to treatment, or failure to provide/obtain health insurance will result in participants dismissal from the student program.

SPECIAL NOTICE: Health insurance is a requirement to attend Naval Academy Student Programs. If a participant does not have health insurance, a short term policy will need to be purchased for the duration of the program. Forms will not be accepted without valid insurance information and parent consent signature.

SECTION 1: PARTICIPANT INFORMATION

1. FIRST NAME:	2. MIDDLE NAME:	3. LAST NAME:	
4. HOME ADDRESS (<i>Street address, P.O. box</i>):		5. APARTMENT, SUITE, UNIT, BUILDING, FLOOR, ETC.:	
6. CITY:	7. STATE/PROVINCE:	8. ZIP/POSTAL:	9. COUNTRY:
10. DATE OF BIRTH (<i>Example: 9/28/2017</i>):	11. GENDER: <input type="checkbox"/> MALE: <input type="checkbox"/> FEMALE:	12. PHONE NUMBER (<i>Example: 301-555-1234</i>):	13. TYPE: <input type="checkbox"/> CELL: <input type="checkbox"/> HOME:
14. Do you child/legal dependent have any type of dietary restriction, including but not limited to: vegetarian, vegan, gluten intolerance? <input type="checkbox"/> YES: <input type="checkbox"/> NO:	15. DIETARY RESTRICTIONS. <i>If you have any type of dietary restriction, please describe it below. Meal service is family style, so USNA may not be able to accommodate all restrictions.</i>		

SECTION 2: CONSENT TO TREATMENT OF A MINOR

By signing below, I do hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

16. HEALTH INSURANCE CARRIER:	17. HEALTH INSURANCE POLICY NUMBER (<i>Tricare Benefits Number</i>):
18. PARENT/GUARDIAN NAME:	19. PARENT/GUARDIAN SIGNATURE:

AGENCY DISCLOSURE NOTICE:

The public reporting burden for this collection of information, OMB 0703-0036, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil.

Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.