

CONSENT FORM

I understand that IACE is a CAP program with rules and regulations concerning proper behavior and decorum. I further understand that the IACE staff, in conjunction with the CAP National Director of IACE, is the final authority regarding these rules and regulations. Should behavior or disciplinary problems arise, I understand that appropriate action may be taken including removal from the activity site. I also understand that transportation arrangements for an unscheduled return home will be my responsibility.

1. Have you undergone treatment by a doctor within the last six months?

Yes No

2. Are you currently under treatment by a doctor and/or taking any medication at present?

Yes No

(If you are taking any medication, please ensure you have an adequate supply for the period of the activity.)

3. Do you have any known medicinal or other allergies?

Yes No

REMARKS: (Please explain if any of the above are marked yes.)

HEALTH INSURANCE CO: _____

POLICY #: _____ NAME OF POLICY HOLDER: _____

Printed Name of Applicant

Signature of applicant

(Date: day/month/year)

Parents' Consent (To be filled out by parent if the applicant is a minor)

I, hereby give consent and permission to National Cadet Special Activities staff members to take my minor child to any other medical facility during the period **7 July through 29 July, 2020** and give consent for emergency examination, treatment, and/or surgical procedures(s) as deemed necessary by the medical staff. I hereby certify that my child is in good health and has no medical condition, which precludes him/her from participating fully in all physical activities of this program.

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Printed Name of father or legal guardian

Signature of father or legal guardian

(Date: day/month/year)

Printed Name of mother or legal guardian

Signature of mother or legal guardian

(Date: day/month/year)

(Both signatures needed due to travel outside of the United States.)