



2011 Junior Leadership Camp Health & Consent Form



Applicant's Name: _____ Date: _____

Parent/Guardian Name: _____

Day Phone #: _____ Evening Phone #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Has the applicant ever had the following special problems or is the applicant under any treatments? Check diseases and/or conditions experienced:

- | | | | | |
|---|---------------------------------------|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Measles | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Hives | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Other _____ | |

1. List any allergies (medication, food, insect bites, bee sting, poison ivy, etc.) and any typical signs or reactions to allergies.

2. Have you ever had psychiatric or psychological treatments, medication or hospitalization or an eating disorder?

3. Any past/present history of epilepsy, convulsions, bed-wetting, weight loss, or long periods of time loss from past school?

4. List any medication you are currently taking.

5. History of fainting spells, blacking out, or other related disorders?

6. Any history of major operations/illness within the past 5 year period?

7. List any conditions or restrictions that would limit your physical abilities?

8. It is required by the state of NM Law that all immunizations are up to date prior to acceptance to the Junior Leadership Camp. Are your immunizations up to date? _____

The following conditions may be considered disqualifying for admission to New Mexico Military Institute Junior Leadership Camp.

- | | | | |
|-------------------------|--------------------------|--|-----------------------|
| Active epilepsy | Blindness | Deafness | Chronic renal disease |
| Chronic cardiac disease | Sever symptomatic asthma | Diabetes, requiring special diet and insulin therapy | |
- Any severe neuromuscular or orthopedic disease which would interfere with the applicant's performance and physical activity in accordance with New Mexico Military Institute's requirements.
Any other substantial physical or mentally limiting condition which, in the opinion of the medical staff, would interfere with the applicant's ability to function satisfactorily at the New Mexico Military Institute Junior Leadership Camp.

Behavioral Standards considered disqualifying for admission:

- | | |
|---|--|
| Any felony criminal conviction | Any other conviction where the student is still on probation |
| Any permanent dismissal from any school | Been suspended three or more times from schools attended in the last three years |
| Any attempted suicide | A drug addiction |
| | An alcohol addiction |
- Manic-depressive disorder, bipolar disorder, regularly scheduled psychological. Counseling or any other severe psychological disorders limiting condition which in the opinion of the medical staff would interfere with the applicant's ability to function satisfactorily at the NMMI, demonstrated an inability to meet the existing NMMI admissions requirements without significant accommodation that would alter the missions or the Institute

Parent's Consent for Emergency Medical Treatment: In the event that our child becomes ill or sustains an injury while under the supervision of the New Mexico Military Institute staff, we (I) hereby give permission to administer first aid for our child's relief and to obtain emergency hospital and medical services and care for the child. If it is not practical to return our child to us, or to receive our instructions for his/her care, consent is given to any licensed physician and/or surgeon to whom our child is taken for treatment, to administer such care, treatment, drugs, and medicines and to perform such surgical procedures as he shall determine to be required for the relief of pain, and to preserve our child's life and health. We (I) understand and agree that while New Mexico Military Institute staff may seek hospital services or medical treatment for our child, we (I) hereby release and discharge the New Mexico Military Institute, it's officers, agents, instructors and employees from any and all claims, demands, suits, actions or causes of action that we (I) may or shall have by reason of arranging for such hospital and medical services and treatment or from failure to seek such services. I fully understand that I am responsible for medical charges. I have read and fully understand the terms of this release. I certify that the information provided herein is true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____

Date: _____