

CONSENT TO TREAT MEDICAL EMERGENCY FORM

The Cadet Clinic is capable of administering medical treatment for almost all occurrences of injury or sickness; however, from time to time, it is necessary to admit cadets to local hospitals.

Our local hospitals have agreed to accept this form, insuring there will be no delay in admission of your child to a local hospital. In an emergency, you will be contacted by telephone at the earliest possible time. By signing this form, you are granting permission to the Cadet Clinic medical staff to treat your child.

In case of emergency, I understand every reasonable effort will be made to contact the parent(s) or guardian(s) of the student. In the event I cannot be reached, I hereby give permission to the Missouri Military Academy physician or any physician selected by the Missouri Military Academy to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for, and release medical information to such members of the faculty and staff of MMA as have a need to know, concerning:

Name of Student: _____ Date of Birth _____

Social Security Number: _____

Allergies to medications: _____

Date of last tetanus booster: _____

Name of Parent(s)/Guardian(s): _____ Relationship: _____

Address: _____

Home Phone: _____ Bus Phone: _____ Cell Phone: _____

I authorize release of medical information on my son/ward to such members of the faculty and staff who have a need to know.

 Parent(s)/Guardian(s) Signature: _____

 Student Signature: _____

Date: _____

Emergency contact other than parent/guardian:

Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____

PLEASE ATTACH A COPY OF BOTH SIDES OF THE INSURANCE CARD TO THIS FORM.

This form must be on file at MMA prior to attendance. In the event you have any questions concerning this form, please call the Missouri Military Academy Cadet Clinic at 573.581.1775.

° Note to Parent(s)/Guardian(s): This form is necessary to ensure that your son receives immediate medical treatment in the case of emergency is required by Audrain Medical Center, Mexico, Missouri, or any other licensed health care provider or facility is a release from the Privacy of Information Act. If you have any questions concerning the admissibility of signing such a document, it is suggested that you consult your physician. This form is MANDATORY and must be received before the start of the school year in order for your child to be eligible for treatment at the Missouri Military Academy Cadet Clinic.

Extended Family Information

As the old African story goes, it takes a whole village to raise a child. If your boy has grandparents and/or other relatives who would be interested in receiving mailings from MMA, please complete the information below:

Name	Relation to Student	Telephone
Email Address	Mailing Address: # and Street	
City	Country	Zip or Postal Code

Name	Relation to Student	Telephone
Email Address	Mailing Address: # and Street	
City	Country	Zip or Postal Code

Name	Relation to Student	Telephone
Email Address	Mailing Address: # and Street	
City	Country	Zip or Postal Code

News and Notes

We would like to know more about you and your family! Please feel free to list any news and notes that would be of interest to the MMA community. (Ex: community activities, awards, special projects, boards & affiliations, family announcements, etc.) Please indicate the family member participating in the activity.

Please return completed form to:

Office of Admissions
Missouri Military Academy
204 Grand Street
Mexico, MO 65265



Department of the Army
United States Army
JROTC Instructor Group

TITLE OF FORM: Privacy Act/Medical Eligibility Statement

DIRECTIVE: Army Regulation 145-2

AUTHORITY: Title 10 USC 2031 and Privacy Act 1974

PURPOSE: To maintain JROTC Cadet training records.

ROUTINE USES: This form is used to comply with US ARMY regulatory requirements to provide a chronological record of the Cadet's progress in JROTC. The cadet's Social Security Account Number and Statement of Medical Eligibility are used to prepare the following: record of cadet rank and leadership positions held, extracurricular activities, parental permissions, awards and decorations earned and JROTC summer Camp Placement.

Additionally, the information is used for preparing the Department of the Army (DA) Form 134, (recommendation for advanced placement in Senior ROTC and the Armed forces of the United States).

DISCLOSURE: Disclosure of this information is voluntary; however, non-disclosure of this information will result in removal from the JROTC program and Missouri Military Academy.

ACKNOWLEDGEMENT: I have read and understand the above applicable portions of the Privacy Act of 1974. I also understand my son's responsibilities when in possession of Government training weapons, ammunition and explosives. I further agree to accept responsibility for safeguarding, maintaining and accounting for any government property issued to my son.

STATEMENT OF MEDICAL ELIGIBILITY:

My (our) son, _____, has no medical condition or impairment that would preclude his full participation in the Army Junior Reserve Officers Training Corps, and has my (our) permission to participate in any and all JROTC sponsored classes, rappelling or activities.

Printed Name of Parents/Guardians: _____

Signature of Parents/Guardians: _____

Date: _____

This document requires your signature to confirm that your son will be responsible for any US Army property issued to him, and that information covered by the Privacy Act will only be used by the JROTC Military Department. Your signature also confirms that the cadet does not have any medical condition or impairment that would prevent his full participation in the Army JROTC program, to include military drill (marching) with a rifle, rappelling and physical fitness activities.

This form must be completed yearly including your son's social security number (U.S. citizens). Please send the completed and signed form to the MMA Admissions Office.

MEASUREMENT GUIDE FOR UNIFORM FITTING

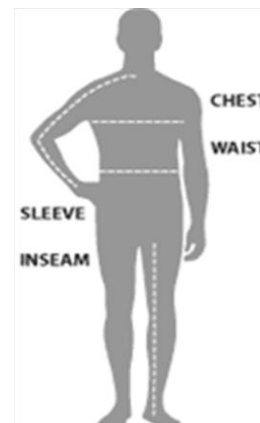
Cadet's Name		Property Number	
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Please provide the Quartermaster with your body measurements in inches prior to Registration so that your cadet uniforms can be prepared before your arrival on campus.

In order to get a proper fit to your uniforms, you must often take new measurements and will sometimes need to increase your "normal" size by one. For example, it is very common for a Cadet to need trousers one size larger than their measured waist. This allows enough room in the seat, thighs and hips for the trousers to drape as they should. MMA's active PT and sports programs often times broadens your shoulders, back and chest to the point that you need a size or two larger coat than you are used to. Please allow us to help you determine the correct size for your uniforms by carefully following the directions below. If you are unsure of your correct size you can have someone measure you at JC Penney, Kohl's, Macy's, Dillard's, Jos. A. Bank, Men's Warehouse, a local dry cleaners, seamstress, or tailor shop.

	Inches	Description of Measurement
Chest	In.	Measure just under arms and across shoulder blades holding tape firm (not tight) and level. Record in inches and round fractional numbers up to the next larger number.
Neck	In.	Measure a shirt collar that fits you well. Lay collar flat. Measure from center of collar button to far end of opposite buttonhole.
Sleeve Length	In.	With arm relaxed at your side and slightly bent, measure from center back neck, over point of shoulder, down the outside of the arm to the wrist.
Waist	In.	Stand normally, arms at side with weight on both feet. While wearing a shirt measure around the smallest part of your natural waistline. Record in inches and round fractional numbers up to the next larger number.
Inseam	In.	Measure pants that fit you well. Lay them flat, with the front and back creased smooth. Measure along the inseam from crotch to bottom of leg hem.
Head	In.	Measure around the largest part of the head, with tape above brow. This measurement is for hats and caps.
Hand Size		Measure around the knuckles with hand flat (exclude thumb). This measurement is for gloves. S=7½"-8" M=8½" L=9"-9½" XL=10"-10½"
Belt	In.	Stand with your weight distributed equally on both feet with your arms at your side. While wearing a shirt and pants measure around the smallest part of your natural waistline. If between whole sizes, order the next larger size.
3 in 1 Combo Jacket	In.	Measure just under arms and across shoulder blades holding tape firm (not tight) and level. Record in inches and round fractional numbers up to the next larger number.
T-shirt Size		Choose Size: XSmall, Small, Medium, Large, XLarge, XXXLarge
Shoe Size		State Size and Width: C= narrow; D=regular; E=wide; or EE=extra wide

Size	S	M	L	XL	XXL	XXXL
Neck	14-14½	15-15½	16-16½	17-17½	18-18½	19-19½
Chest	34-36	38-40	42-44	46-48	50-52	54-56
Waist	28-30	32-34	36-38	40-42	44-46	48-50
Reg. Sleeve	32-33	33-34	34-35	35-36	36-37	36-37
Tall Sleeve	33-34	34-35	35-36	36-37	37-38	37-38
Height	Regular 5'8" to 6'			Tall 6'1" - 6'3"		
	Tall measures 2" longer overall, 1" at sleeves.					





News Release and Media Notifications

HELP US GIVE YOUR SON THE RECOGNITION HE DESERVES

To spread the news about your boy’s academic, military and athletic achievements, the Department of Marketing and Public Relations mails press releases and photographs to your hometown newspapers, radio and television stations.

In order for us to reach your hometown areas effectively, we need the name and mailing address of your local newspaper, radio and television stations.

Copies of each release will be e-mailed to you, provided we have your email address on file. If your local news outlet is not printing stories on your son, feel free to contact them to inquire as to the reason.

We will gladly send releases to multiple news agencies. If you would like us to reach more than one newspaper in your area, or to send the news to a grandparent’s or other relative’s hometown newspaper, do not hesitate to list those newspapers as well.

If you move or would like to add another media address throughout the year, please let us know. At the request of parents and cadet, we will continue to send news items to a previous hometown.

If you prefer not to have your son’s accomplishments publicized, please inform the Director of Communication.

Even if you are currently in our publicity listing, please use this form to update the information.

NEWS RELEASE INFORMATION

Please send news releases to local newspapers, TV stations, radio stations as listed.			
Cadet’s First Name	Cadet’s Middle Name	Cadet’s Surname or Family Name	
Names of Parents, Guardians, or Relative		Relation to Cadet	
Name of newspaper, TV station, radio station			
Contact Person		Contact’s Email Address	
Mailing Address: # and Street			
City		Country	Zip or Postal Code

Additional spaces are provided on the reverse.

Please send news releases to local newspapers, TV stations, radio stations as listed.		
Cadet's First Name	Cadet's Middle Name	Cadet's Surname or Family Name
Names of Parents, Guardians, or Relative		Relation to Cadet
Name of newspaper, TV station, radio station		
Contact Person	Contact's Email Address	
Mailing Address: # and Street		
City	Country	Zip or Postal Code

Please send news releases to local newspapers, TV stations, radio stations as listed.		
Cadet's First Name	Cadet's Middle Name	Cadet's Surname or Family Name
Names of Parents, Guardians, or Relative		Relation to Cadet
Name of newspaper, TV station, radio station		
Contact Person	Contact's Email Address	
Mailing Address: # and Street		
City	Country	Zip or Postal Code

Please send us copies of news items when they appear in your newspaper so we can check our effectiveness. Thank you for your help. Also, please write the name of the paper, the page the story appeared on and the date of the publication on the copy and send to:

Office of Admissions
Missouri Military Academy
204 Grand Street
Mexico, MO 65265

PHYSICAL EXAMINATION

STUDENT INFORMATION

First Name	Middle Name	Surname or Family Name	Other

Height:	Weight:	Blood Pressure:	Hair Color:	Eye Color:
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Evaluation	Normal	Abnormal	Comments
Skin			
Nose			
Throat			
Teeth			
Cardiovascular			
Gastrointestinal			
Genital-Urinary			
Neurological			
Muscular Skeletal			
Scoliosis Screening			
Nutritional Status			

Does student have any allergies to foods, medications, other? Hay fever, Asthma, Eczema? If so, please list.


Does student take any daily/regular/routine medications? If so, please list.

Has the student been under a physician's care within the past two (2) years? If so, please describe.

Has the student any surgical procedures, significant injuries? Any sequelae? If so, please describe.

Has the student had a positive reaction to or been treated for HIV? If so, please describe.

Has the student in consultation with any doctor or counselor concerning use of controlled substances, emotional and psychiatric problems? If so, please describe.

Signature of Examining Medical Professional	Name of Business, Clinic or Facility	
		
Address	City, State	Zip or Postal Code



AUTHORIZATION FOR PURCHASES FROM QUARTERMASTER DEPT.

Cadet's Name		Property Number	
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Parents &/or Guardians:

Please sign below if you wish to allow your son to purchase additional, non-uniform items at the Quartermaster or Canteen/Gift Shop and have the items charged directly to your monthly Quartermaster account. We strongly recommend you discuss with your son the limits in which he may purchase these items.

Special Note: Any retail items costing \$100 or more must have at least 50% of the total cost paid before the item can be ordered. The balance will be required before the item is delivered.

___ #1 UNLIMITED, allows for the purchase of any items in the QM or Canteen.

___ #2 RESTRICTED to items costing less than \$25 each.

___ #3 RESTRICTED to the following items only:

Quartermaster Items (Please Check)

- ___ Extra Shoes/Special Order Boots
- ___ Backpack/Book bag
- ___ ACU Uniform Pants - Shirt – Belt – T-shirt- Cap - Patches

Replacement Items (Please Check)

- ___ Extra Gloves: white cotton/black knit
- ___ Extra Caps: Garrison/Barracks/Athletic Beanie
- ___ Handkerchiefs
- ___ School Supplies: pens, pencils, binders, notebooks, etc.
- ___ Health/Hygiene Items: shampoo, soap, toothpaste, toothbrush, deodorant, razors, combs, etc.

Canteen Items (Please Check)

- ___ Gifts
- ___ Non Uniform Clothing Items
- ___ Mementos/Souvenirs/Sunglasses
- ___ Water Bottles/Mugs/Cups
- ___ Trac Phone/Phone Cards
- ___ Academy Letter Jacket (\$250 + patches)

Parent or Guardian's Signature		Date	
Email Address of Parent/Guardian		Phone	

**THIS FORM WILL BE KEPT ON FILE IN THE
QUARTERMASTER DEPARTMENT AND CANTEEN**

YES & NO PERMISSION QUESTIONNAIRE

Cadet's Name		Property Number	
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Please indicate "Yes" or "No" or fill in your responses on the following permissions and questions.

This document is valid for the cadet named below for the duration of his studies at MMA. Changes may be made in writing to the Admissions or Commandant Offices. Faxed changes, with signature of parent/guardian, are permissible.

Please continue with the additional questions on the reverse.

1.	Our Medical Department will administer flu shots in the fall. The charge will be the prevailing rate and will appear on the monthly Quartermaster statement. Do you want your boy to receive the annual, seasonal flu vaccine?	YES <input type="radio"/>	NO <input type="radio"/>
2.	Does your son wish to participate in the Band or Chorus? _____ If "yes", do you grant your boy permission to participate in the Band or Chorus? If "yes" to Band, what instrument(s) does he play? _____ Note: Band instruments can be provided by MMA for a nominal charge.	YES <input type="radio"/>	NO <input type="radio"/>
3.	Do you want your boy to take private instrumental lessons? The charge, to be determined yearly, will appear on the monthly Quartermaster statement.	YES <input type="radio"/>	NO <input type="radio"/>
4.	Cadets are required to attend Sunday church services with the Mexico community. Which specific church and denomination is he to attend? _____		
5.	Cadets may ride horses during General Leave on Saturday & Sunday for an annual charge to be determined annually, includes the use of an approved riding helmet. Do you grant permission for your boy to ride horses during General Leave? If you answer "yes" to this question, the charge will appear on the Quartermaster statement for the year. Please discuss this with your boy to determine if he is seriously interesting in horseback riding.	YES <input type="radio"/>	NO <input type="radio"/>
6.	Cadets may ride horses during regular athletic period on Monday through Friday for an annual charge, to be determined, includes the use of an approved riding helmet. Due to class scheduling problems, this may not be available to Grade 6. Do you grant permission for your boy to ride horses during these periods?	YES <input type="radio"/>	NO <input type="radio"/>
7.	MMA sponsors many recreational trips to nearby amusement, paintball, camping, skiing and canoe areas. Cadets must personally provide the funds for these trips. Do you grant permission for your boy to participate in these activities?	YES <input type="radio"/>	NO <input type="radio"/>
8.	MMA sponsors educational field trips to areas of historical, scientific, and cultural value, sometimes mixed with entertainment, for which the cost to the school is passed along to the parents. Do you grant permission for your boy to attend these activities?	YES <input type="radio"/>	NO <input type="radio"/>
9.	Cadets are often invited to sign out with parents of other cadets to go to dinner, the movies, or shopping. Do you grant permission for your boy to sign out with parents of other cadets?	YES <input type="radio"/>	NO <input type="radio"/>
10.	Cadets are not allowed to ride in automobiles of others unless parents provide written permission. Do you grant your boy this permission? If "yes", please list names. _____	YES <input type="radio"/>	NO <input type="radio"/>
11.	All cadets must participate in athletic activities, either interscholastic or intramural sports. Intramural sports are games or activities with MMA. Interscholastic teams compete against other schools and require parental permission and an annual physical examination. High School interscholastic sports are football, soccer, swimming, cross country running, basketball, wrestling, rifle, track, golf, baseball and tennis. Middle School interscholastic sports are basketball, wrestling and track. Do you grant your boy permission to participate in interscholastic sports?	YES <input type="radio"/>	NO <input type="radio"/>
12.	Participation in Junior Reserve Officer Training Corps (JROTC) is <u>required</u> of all MMA High School cadets, and participation in Academy-sponsored military activities is <u>required</u> of all Middle School cadets. Do you give permission for your boy to participate in all JROTC and/or Academy-sponsored military training, and classroom activities as required by MMA? Your boy will be responsible for any loss or damage of equipment and clothing items issued to him for this program.	YES <input type="radio"/>	NO <input type="radio"/>

13.	Do you grant permission for your boy to use the indoor rifle range under trained, adult supervision?	YES <input type="radio"/>	NO <input type="radio"/>
14.	Students who choose to participate in rappelling do so at their own risk; must have normal use of and strength in their arms and legs; and waive their right to sue the Academy or its employees. Protective helmets, gloves and long pants are required. Do you grant permission for your boy to use the rappelling tower under trained, adult supervision?	YES <input type="radio"/>	NO <input type="radio"/>
15.	MMA sponsors Boy Scout Troop 39. The membership cost, troop t-shirt and handbook costs will appear on the Quartermaster statement. Do you grant permission for your boy to participate in Boy Scout Troop 39 activities?	YES <input type="radio"/>	NO <input type="radio"/>

 Parent or Guardian's Signature		Date	
Email Address of Parent/Guardian		Phone	