PARENT/GUARDIAN FORM 8 _____

Cadet Last Name First MI

SUBJECT: CADET MEDICAL TREATMENT AUTHORIZATION

1. I, we, the undersigned parent or guardian of the above named Cadet, agrees that he/she may take part in all activities that are or may in the future be part of Massanutten Military Academy's athletics and/or activities program, and understand that some of these activities may be rigorous and physically demanding.

2. List below any impairment that your cadet may have that may limit or prevent your cadet from participating in Academy activities and please indicate the effect that such impairment may have in limiting or preventing your cadet from participating in Academy activities. If no impairments are listed below, then it may be assumed by the Academy that the parent or guardian authorizes the above named cadet to participate in all Massanutten Military Academy activities. If your cadet is asthmatic (including exercise induced) it is required that the infirmary be notified as such. It is further required that your cadet has one inhaler on hand as well as a spare in the infirmary. If your cadet is allergic to bee stings, it is mandatory that an epi-pen be given to the infirmary.

a. _____

b. _____

c. _____

3. Indicate any other health/psychological concerns that your cadet may have that MMA should be aware of: _____

4. Medical facilities, and doctors require parental or guardian consent before a cadet, who is a minor, can be examined or treated. Therefore, it is essential that you endorse the following:

While the above named cadet is enrolled at Massanutten Military Academy, permission is given to Massanutten Military Academy to, if necessary, obtain medical examination and/or treatment. Permission is given to licensed medical practitioners, hospital, or medical facilities for the treatment necessary in an illness or accident.

_____ _____

Signature of Parent or Guardian Date

 Note: A copy of this form will be provided to both the Athletic Director and the Activities Director

--BLANK--