



Fleming Island High School
NJROTC Participation Packet
"FHSAA Physical Included"
COVER SHEET

Cadet Last Name: _____

Cadet First Name: _____

Date of Birth: _____

Age: _____

Parent/ Guardian/ Emergency Contact Information:

Name Please Print: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Medical Information:

Current Medications: _____

Allergies: _____

Inhaler or Epi Pen _____

Any special request regarding your child concerning their medical treatment or emergencies

Parent/ Guardian Signature: _____

Date: _____

FIHS NJROTC DEPARTMENT USE ONLY:

Off Campus Activity Form _____

NJROTC Personal Data _____

Cadet Contract Agreement _____

SAT/ACT Online _____

Volunteer Form _____

Release and Hold Harmless _____

NJROTC Standard Release _____

Health Risk Screening _____

FHSAA EL3 Liability Form _____

FHSAA EL2 Physical Form _____