PARENT PERMISSION FOR ENCAMPMENT

This form can be used for Encampments using Registration Zone only.

Name (Last, First, Middle Initial)	CAPID	Charter No. (e.g. GLR-MI-059)

Title of Activity	Location of Activity	Activity Dates

Applicant Signature

I hereby submit my application and ask to be considered for the above activity. I certify that the above information is correct and that all requirements for attendance will be completed by the required date.

Date Signature of Applicant

Release by Parent or Guardian

Not required for cadets who have reached the age of majority.

For special activities using eServices registration, parent signature obtained after cadet is offered a slot at activity.

WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant is my minor child or ward and they will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If my child does not follow the above-mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity directory at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

Date Parent or Legal Guardian Signature

Parent or Guardian Name Parent or Guardian Cell Phone Parent or Guardian Email Address

PERMISSION FOR PROVISION OF MINOR CADET OVER-THE-COUNTER MEDICATION

This form may not be usable in some states due to statues concerning who can administer medications and administration conditions. Wings with such restrictions will publish more appropriate additional guidance in a supplement to CAPR 160-1.

Cadet Name (Last, First, Middle)	Grade	CAPID	Charter Number

Over-The Counter/Non-Prescription Medications

The following over-the-counter medications may be administered according to package directions by CAP senior members. Please select Yes or No for each medication listed.

Y	N	Medication	Y	N	Medication
◯	◯	Acetaminophen (Tylenol) for fever or pain	◯	◯	Visine eye drops for dry, irritated eye relief
◯	◯	Ibuprofin (Advil,Motrin) for fever or pain	◯	◯	Op-Con A eye drops for allergic conjunctivitis
◯	◯	Bacitracin or Neosporin antibiotic ointment to prevent infection	◯	◯	Benadryl liquid/tabs for allergic reactions
◯	◯	Hydrocortisone anti-inflammatory rash cream	◯	◯	Claritin antihistamine for seasonal allergies
◯	◯	Calamin/Caladryl for poison ivy itch relief	◯	◯	Robitussin products for relief of cough and cold symptoms
◯	◯	Antifungal creams and sprays for treatment of fungal rashes	◯	◯	Delsym to suppress cough
			◯	◯	Tums or Maalox for relief of stomach upset

Allergies

My child/ward has the following allergies or reactions to over-the-counter medications (list type of reaction):

Consent for Minor Cadet To Receive Over-The Counter Medications

My signature below evidences my consent for CAP senior members to provide over-the-counter non-prescription medications (such as those listed above) to my child/ward if indicated in the reasonable judgment of such senior members. I understand that I will be informed if any such medications are administered.

Date	Parent/Guardian Name	Signature of Parent/Guardian