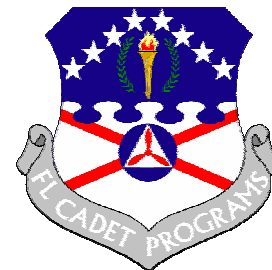




**2009 SUMMER ENCAMPMENT  
HEADQUARTERS  
CIVIL AIR PATROL FLORIDA WING  
UNITED STATES AIR FORCE AUXILIARY**



2 April 2009

**MEMORANDUM FOR ALL 2009 SUMMER ENCAMPMENT PERSONNEL**

**FROM: NICHOLAS SACCO, MAJ, CAP  
COMMANDER**

**SUBJECT: 2009 Florida Wing Encampment Operations Order**

- 1. MISSION:** The Florida Wing will conduct a Summer Encampment at the Camp Blanding Army National Guard Training site in Starke, FL from **28 June to 04 July 2009**.
- 2. EXECUTION:** Cadet Staff members will arrive no earlier than 0900 hours and no later than 1200 hours on 27 June 2008 for training and instruction. Basic Cadets are to arrive no earlier than 1100 hours and no later than 1300 hours on 28 June 2008. Basic Cadets should have eaten lunch prior to arrival. All training will conclude at 1200 hours on 4 July 2008. Departure time on 4 July for Basic Cadets and senior member staff will be immediately following the pass-in-review ceremony. Departure time on 4 July for cadet staff and senior member executive staff will be dependent on duty assignment. No early arrivals or departures are permitted without the Encampment Commander's permission.
- 3. TRANSPORTATION:** Transportation to and from the encampment site is the member's personal responsibility. Units may arrange for common transportation. Contact your unit commander for details.
- 4. COMMAND:**
  - a. **Commander** – Maj Nicholas Sacco
  - b. **Deputy Commander** – Maj Scott Martin
  - c. **Commandant of Cadets** – Maj Ricardo Acevedo
  - d. **Executive Officer** – Capt Robin Sheaks
  - e. **Cadet Commander** – C/Col Troy Odierno
  - f. **Cadet Deputy Commander** – C/Lt Col Andrea Batista
  - g. **Cadet Executive Officer** – C/Maj Jenna McCord
- 5. BASIC CADET APPLICATIONS:** Cadets applying to be a Basic Cadet at the 2009 Summer Encampment must have earned the Curry Achievement and have a current CAP membership by the first day of Encampment. In addition, a basic knowledge of uniform wear, military customs and courtesies, drill and ceremonies, and general CAP knowledge should exist. Basic Cadets should send a completed FLWG Form 500 and a check or money order made payable to "Civil Air Patrol" to the address below. The Encampment fee will be **\$150.00** prior to a 1 June postmark. The fee will go up to \$175.00 for applications received after a 1 June postmark. No applications will be accepted after 19

June 2009. No refunds will be allowed after 1 June 2009. Applications and fees will be sent to: **2009 FLWG Encampment Registrar, 450 Commodore Drive, #308, Plantation, FL 33325.**

***FAMILY MEMBER DISCOUNT:*** For multiple members of the same, immediate family wishing to attend Encampment, the cost will be \$150.00 for the first member, and \$75.00 for each additional member. Squadron Commanders will be requested to verify the relationship. This discount applies to both cadet and senior members and may not be combined with any other discounts.

**6. CADET STAFF APPLICATIONS:** Cadets wishing to apply for staff positions should follow the instructions listed on the Cadet Staff Applications memorandum from the Cadet Commander located online at <http://www.flcadet.com/SummerEncampment.aspx>. Once selected, an original Form 500, along with the registration fee of \$150.00, should be sent to: **2009 FLWG Encampment Registrar, 450 Commodore Drive, #308, Plantation, FL 33325.**

*(The fee will go up to \$175.00 for applications received after a 1 June postmark)*

***FAMILY MEMBER DISCOUNT:*** For multiple members of the same, immediate family wishing to attend Encampment, the cost will be \$150.00 for the first member, and \$75.00 for each additional member. Squadron Commanders will be requested to verify the relationship. This discount applies to both cadet and senior members and may not be combined with any other discounts.

**7. MEDICAL DISCLOSURE:** All cadet members, both Basic and staff, must complete a FLWG Form 504 (Attachment 3), and **submit along with their mailed FLWG Form 500 application.** All cadet members taking medication, whether prescription or over-the-counter, will meet with the Medical Officer upon arrival and check-in all medications.

**8. ENCAMPMENT CADET COMMAND STAFF SCHOOL (ECCSS):** All cadets applying for a **command or support staff OIC position** must be able to attend a weekend-long ECCSS. Location to be announced on the ECCSS page of the Encampment website located at <http://www.flcadet.com/SummerEncampment.aspx>. Exemption from attending ECCSS may be made by the Encampment Commander at his sole discretion.

**9. EMERGENCY SERVICES TRAINING:** Basic Emergency Services training will be part of the curriculum for this Encampment. All members should complete the General Emergency Services Exam before attending so that they can receive credit for the tasks accomplished. Please talk to your unit Emergency Services Officer or your Squadron Commander for assistance. Helpful tips and links for Emergency Services can be found on the Encampment website.

**10. WEBSITE:** The official Encampment website is located on the Florida Wing Cadet Programs website at <http://www.flcadet.com/SummerEncampment.aspx>. The website is updated constantly and is the best source for the latest Encampment news including staff position announcements. The website also contains important information for first time cadets, cadet and senior staff and parents. Basic Cadets should check the website on a weekly basis for updates. Staff should check the website every few days.

**11. SENIOR STAFF APPLICATIONS:** Senior Members interested in Senior Staff member positions should contact the Encampment Commander at [FLWGSummerEncampment@gmail.com](mailto:FLWGSummerEncampment@gmail.com), listing the position(s) you are interested in. **All Senior Members should possess a CAP Drivers License by the first day of Encampment. The Encampment Executive Officer will assist all Senior Members in obtaining a CAP license if they so desire.** If selected for a position, a completed FLWG Form 500 and a check or money order for **\$75.00 for Tactical Officers or \$150.00 for all other Senior Staff positions** made out to Civil Air Patrol will need to be sent to: **2009 FLWG Encampment Registrar, 450 Commodore Drive, #308, Plantation, FL 33325.**

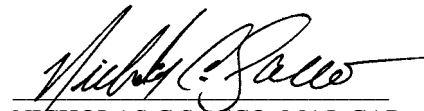
**12. EQUIPMENT:** See Attachment 2 for the Equipment List. **Any equipment brought that is not listed on the equipment list will be considered contraband and confiscated upon arrival.** Do not

bring anything not specifically listed. It is recommended that the Cadet pack his or her gear so that it may all be transported with relative ease in one single trip.

**13. GRADE INSIGNIA:** As per the CAPR 52-16, all Cadets attending encampment (Basic Cadets and Staff alike) will wear their current, earned grade on their uniforms.

**14. PREPARATION:** Camp Blanding is a wooded area within which very few buildings are air-conditioned. Thus, Cadets attending the Summer Encampment should adequately prepare their bodies for this environment and the physical nature of the encampment. Proper hydration is key.

**15. CONDUCT:** While at the encampment, everyone will be expected to maintain a professional level of conduct becoming of Civil Air Patrol members. The CPPT regulations and the Cadet Honor Code will be strictly enforced, and Cadets posing disciplinary problems will be dealt with swiftly and may be sent home at the expense of the parents, in the middle of the activity, if so directed by the Encampment Commander.



NICHOLAS C SACCO, MAJ, CAP  
Commander

Attachments:

1. Guide for Encampment Preparation
2. Equipment List
3. FLWGF504 – Medical Disclosure

## GUIDE FOR CADETS PREPARING FOR SUMMER ENCAMPMENT

This guide is published by the Florida Wing Cadet Programs Office to provide unit commanders, Cadet Programs personnel, parents, and cadets with a basic understanding of what an encampment is, who should attend, why attendance should be stressed, and what should be done to prepare a cadet for the Encampment experience.

### WHAT IS AN ENCAMPMENT?

An encampment is a basic introduction to the military way of life and an opportunity to experience leadership from both a follower's and leader's point of view. It is an excellent way of meeting new cadets from throughout the Wing and establishing an esprit de corps among the "next generation" of cadet leaders.

### WHO SHOULD ATTEND AN ENCAMPMENT AS A PARTICIPANT?

Any cadet who is a current member of CAP as evidenced by the most recent CAP Cadet Monthly Membership Listing (MML) and has not previously attended an encampment. A minimum of squadron training is required to ensure that the cadet understands the basics of CAP customs and courtesies, the basics of CAP drill, and the basics of how to wear the CAP uniform, which will be discussed below.

### WHY SHOULD A CADET ATTEND AN ENCAMPMENT?

- It is a requirement to achieve the Billy Mitchell Award.
- It is required for most National and Wing-sponsored special activities.
- It provides an outstanding leadership and training forum for new cadets and new cadet command/staff officers.
- It provides an opportunity to meet other cadets and begin lasting friendships with them.
- It provides an experience to show cadets what the military is about and gives the cadets an opportunity to live like military personnel for one week.

### WHAT SHOULD A SQUADRON COMMANDER DO TO PREPARE A CADET TO ATTEND AN ENCAMPMENT?

Provide classes on the following topics (see manual references in parentheses):

- CAP customs and courtesies (Leadership: 2000 and Beyond, all volumes)
- Proper wear of the CAP uniform (CAPM 39-1)
- Basic drill maneuvers (drill and ceremonies)
- Personal hygiene and self care (basic first aid, cleanliness).
- Idea of what homesickness is for cadets who have never been away from home. Discuss with him/her the resources available at the encampment (Chaplain, TAC Officers, squadron members)
- Explain to your cadets what it is like to live with little privacy. This can be a shock.

### ARE THERE ADDITIONAL SOURCES OF INFORMATION CONCERNING ENCAMPMENTS?

Yes. CAPR 52-16, Chapter 5, governs CAP Encampments. Cadets and seniors who have attended previous encampments are a great source for information as well as training.

### WHAT ARE THE REQUIREMENTS FOR A CADET TO ATTEND AN ENCAMPMENT?

Cadets must have a current membership card, meet grooming standards, and submit the necessary paperwork. All application instructions are detailed at the beginning of this information package.

### WHAT ITEMS SHOULD A CADET BRING TO AN ENCAMPMENT?

The list on the next page contains items that all cadets should bring as well as prohibited items. **The staff will secure any prohibited items that are brought to the encampment until the conclusion of the activity.**

**2009 FLWG Summer Encampment**  
 Camp Blanding, Florida  
**Equipment List**

**IMPORTANT NOTE:** All items on this list are **required** unless specified otherwise. Use this checklist to ensure that you bring all required items. Note that this checklist itself is a required item to bring.

All items should be labeled with the first letter of the member's last name plus their CAPID (For example John Smith would be S123456).

Blues Uniform			
Item	Labeled	Packed	Comments
1 Blues Shirt	<input type="checkbox"/>	<input type="checkbox"/>	Service dress allowed for Encampment Banquet but not required.
2 White V-neck undershirt (V-neck ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	
1 Tie (male) / Tie-tab (female)	<input type="checkbox"/>	<input type="checkbox"/>	
1 Blues Pants (Skirts allowed for females)	<input type="checkbox"/>	<input type="checkbox"/>	CAP Alternative Uniform allowed for Senior Officers
1 Flight Cap w/insignia	<input type="checkbox"/>	<input type="checkbox"/>	
1 Blues Belt	<input type="checkbox"/>	<input type="checkbox"/>	
2 pr Black dress socks (neutral shade hose allowed for female)	<input type="checkbox"/>	<input type="checkbox"/>	
1 ea Complete set of blues uniform insignia with ribbons	<input type="checkbox"/>	<input type="checkbox"/>	
1 pr Black military low quarter dress shoes, lace type (Pumps allowed for females)	<input type="checkbox"/>	<input type="checkbox"/>	
Battle Dress Uniform			
Item	Labeled	Packed	Comments
(1 Mandatory, 2-3 recommended) BDU Blouse	<input type="checkbox"/>	<input type="checkbox"/>	CAP Alternative Uniform allowed for Senior Officers
(1 Mandatory, 2-3 recommended) BDU pants	<input type="checkbox"/>	<input type="checkbox"/>	Blouse and pants should match. One should not be different shade than the other.
1 Blue web belt w/subdued buckle	<input type="checkbox"/>	<input type="checkbox"/>	
1 USAF BDU Cover	<input type="checkbox"/>	<input type="checkbox"/>	PROHIBITED: Squadron hat, Group hat, 5 point USMC style cover, berets.
8 pr Boot Socks	<input type="checkbox"/>	<input type="checkbox"/>	High top, cotton not suggested
2 pr Blousing bands	<input type="checkbox"/>	<input type="checkbox"/>	Recommended, not mandatory.

1 pr Plain, black Combat, Jungle or Jump boot, shined.	<input type="checkbox"/>	<input type="checkbox"/>	Recommend second pair. "Broken-in" boots only, <b>Don't wear new boots!</b>
8 pr black T-shirts (STAFF ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	Staff must wear black shirts with BDUs.
8 pr brown T-shirts (BASIC CADETS ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	Doolies must wear brown shirts with BDUS. Black shirts prohibited for doolies.
<b>Personal Clothing</b>			
<b>Item</b>	<b>Labeled</b>	<b>Packed</b>	<b>Comments</b>
8 ea Underclothing	<input type="checkbox"/>	<input type="checkbox"/>	
3 or more athletic shirts	<input type="checkbox"/>	<input type="checkbox"/>	For PT. Should have limited graphics/writing on the front and back. <b>Strongly recommend using additional brown shirts for PT.</b>
2 or more athletic shorts	<input type="checkbox"/>	<input type="checkbox"/>	For PT. <b>Black or dark blue only.</b>
1 pr athletic shoes	<input type="checkbox"/>	<input type="checkbox"/>	
1 set of casual civilian attire (in good taste)	<input type="checkbox"/>	<input type="checkbox"/>	
Conservative swim attire	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Miscellaneous Items</b>			
<b>Item</b>	<b>Labeled</b>	<b>Packed</b>	<b>Comments</b>
Current CAP Membership Card	<input type="checkbox"/>	<input type="checkbox"/>	
2 CAPF 60	<input type="checkbox"/>	<input type="checkbox"/>	
All medications	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed and over the counter. Must be disclosed to the medical officer upon check-in.
Poncho	<input type="checkbox"/>	<input type="checkbox"/>	(Black, Green or Woodland Camo only)
Shoe Shine Kit	<input type="checkbox"/>	<input type="checkbox"/>	
12" ruler	<input type="checkbox"/>	<input type="checkbox"/>	
2 Canteens with web belt OR Camelbak.	<input type="checkbox"/>	<input type="checkbox"/>	Must hold AT LEAST 2 Quarts of water! (Only brown, black or tan are authorized)
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	
Soap / Covered Soap Dish	<input type="checkbox"/>	<input type="checkbox"/>	
2 Towels	<input type="checkbox"/>	<input type="checkbox"/>	For bathing
1 Washcloth	<input type="checkbox"/>	<input type="checkbox"/>	
Shampoo	<input type="checkbox"/>	<input type="checkbox"/>	

Comb / Brush	<input type="checkbox"/>	<input type="checkbox"/>	
Deodorant	<input type="checkbox"/>	<input type="checkbox"/>	
Foot Powder	<input type="checkbox"/>	<input type="checkbox"/>	
Insect Repellant	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent BLACK Marker	<input type="checkbox"/>	<input type="checkbox"/>	
Current Phase Leadership Book	<input type="checkbox"/>	<input type="checkbox"/>	
CAP Uniform Manual	<input type="checkbox"/>	<input type="checkbox"/>	Not Mandatory
Small memo book that fits in your pocket	<input type="checkbox"/>	<input type="checkbox"/>	For taking notes
3 Black Pens	<input type="checkbox"/>	<input type="checkbox"/>	
5 Clothes hangers	<input type="checkbox"/>	<input type="checkbox"/>	
Sewing Kit w/safety pins	<input type="checkbox"/>	<input type="checkbox"/>	
Dusting / Cleaning rags	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrush	<input type="checkbox"/>	<input type="checkbox"/>	
Toothpaste	<input type="checkbox"/>	<input type="checkbox"/>	
Shaving Gear (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	
Shower Sandals	<input type="checkbox"/>	<input type="checkbox"/>	Not mandatory
Flashlight w/batteries and red lens	<input type="checkbox"/>	<input type="checkbox"/>	
Extra flashlight batteries	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry bag	<input type="checkbox"/>	<input type="checkbox"/>	
Spending Money	<input type="checkbox"/>	<input type="checkbox"/>	We will have access to Camp Blanding's PX
Iron	<input type="checkbox"/>	<input type="checkbox"/>	Not mandatory.
Starch	<input type="checkbox"/>	<input type="checkbox"/>	Not mandatory.
Camera with film	<input type="checkbox"/>	<input type="checkbox"/>	Not mandatory. Recommend disposable
Stationery	<input type="checkbox"/>	<input type="checkbox"/>	Not mandatory.
<b>THIS CHECKLIST</b>		<input type="checkbox"/>	To present to staff at check-in

**DO NOT BRING:** Weapons or knives, Large amounts of money, Drugs (unless prescribed) / Tobacco, Food / Gum, Music devices (iPod, walkman, CD player, etc), Computers / Laptops, Video Games, Expensive Jewelry, **Anything NOT listed on this Equipment List.**

**Any items found that are not on the Equipment List will be confiscated and placed in contraband. We are not responsible for lost, stolen or damaged items while in contraband. Please be accountable for your own actions and DO NOT pack anything not authorized on this Equipment List.**

# FLORIDA WING CADET ACTIVITY MEDICAL DISCLOSURE FORM

**INSTRUCTIONS:** A parent/guardian must complete this form in its entirety. Indicate NONE or NO were applicable. Failure to disclose all medical conditions is cause for possible dismissal from this activity. A COPY OF THE CADET'S IMMUNIZATION RECORD AND INSURANCE CARD MUST BE ATTACHED.

**STAFF USE ONLY:** List serious ALLERGIES. Red ink.

\_\_\_\_\_

\_\_\_\_\_

I. CADET INFORMATION																						
CADET'S NAME ( <i>Last, First MI</i> )	DATE OF BIRTH	CAPID																				
CADET'S CONTACT																						
DAY PHONE:	EVENING PHONE:	ADDITIONAL PHONE:																				
II. PHYSICIAN INFORMATION																						
PRIMARY CARE PHYSICIAN NAME		PHYSICIAN'S PHONE NUMBER																				
III. EMERGENCY CONTACT INFORMATION																						
<i>Guardian or relative to be notified in case of an emergency</i>																						
GUARDIAN OR RELATIVE		RELATIONSHIP																				
CONTACT																						
DAY PHONE:	EVENING PHONE:	ADDITIONAL PHONE:																				
HOME ADDRESS																						
CITY		STATE	ZIP CODE																			
IV. INSURANCE INFORMATION																						
INSURANCE COMPANY		ID NUMBER	PHONE NUMBER																			
V. MEDICATION INFORMATION																						
<p><b>INSTRUCTION:</b> List <u>ALL</u> prescription, over-the-counter, and herbal medications this cadet takes. Include medication name, dosage, and time to be given. <u>ALL</u> MEDICATIONS <u>MUST</u> BE IN THE ORIGINAL CONTAINER. <u>DO NOT</u> SEND ANY MEDICATIONS IN DAILY PILL PACKS.</p> <p>If no medication is required, please check NONE. <input type="checkbox"/> <b>NONE</b></p>																						
<b>Medication</b> <small>(ex: Concerta 27mg)</small>	<b>Dosage</b> <small>(ex: 1 tablet)</small>	<b>Time(s) given</b> <small>(ex: every AM)</small>	<b>Reason for medication</b> <small>(ex: ADHD)</small>	<b>Special Handling Instructions</b>																		
<p>This cadet may be given the following over-the-counter (OTC) medicines, their generics, or a similar product if necessary or deemed appropriate by the Health Services Officer (HSO). No product endorsement is implied.</p> <p><b>INSTRUCTION:</b> Parent/Guardian, please indicate your approval by initialing each OTC you allow to be given.</p> <table style="width: 100%; border: none;"> <tr> <td>_____ Acetaminophen (Tylenol®)</td> <td>_____ Ibuprofen</td> <td>_____ Diphenhydramine (Benadryl®)</td> </tr> <tr> <td>_____ Pseudoephedrine</td> <td>_____ Antacids</td> <td>_____ Cough/cold products</td> </tr> <tr> <td>_____ Mido®</td> <td>_____ Pepto-Bismol®</td> <td>_____ Anti-diarrheal products</td> </tr> <tr> <td>_____ Calamine lotion®</td> <td>_____ Anesthetic throat spray (Chloraseptic®)</td> <td></td> </tr> <tr> <td>_____ Antibiotic ointments (eg, Triple Ointment®, Neosporin®, Bacitracin®)</td> <td></td> <td></td> </tr> <tr> <td>_____ Other:</td> <td></td> <td></td> </tr> </table>					_____ Acetaminophen (Tylenol®)	_____ Ibuprofen	_____ Diphenhydramine (Benadryl®)	_____ Pseudoephedrine	_____ Antacids	_____ Cough/cold products	_____ Mido®	_____ Pepto-Bismol®	_____ Anti-diarrheal products	_____ Calamine lotion®	_____ Anesthetic throat spray (Chloraseptic®)		_____ Antibiotic ointments (eg, Triple Ointment®, Neosporin®, Bacitracin®)			_____ Other:		
_____ Acetaminophen (Tylenol®)	_____ Ibuprofen	_____ Diphenhydramine (Benadryl®)																				
_____ Pseudoephedrine	_____ Antacids	_____ Cough/cold products																				
_____ Mido®	_____ Pepto-Bismol®	_____ Anti-diarrheal products																				
_____ Calamine lotion®	_____ Anesthetic throat spray (Chloraseptic®)																					
_____ Antibiotic ointments (eg, Triple Ointment®, Neosporin®, Bacitracin®)																						
_____ Other:																						
<p>As the listed parent/guardian named in this document, I hereby grant permission to the Civil Air Patrol and the Health Services Officers of this activity to administer the above medications to my cadet/child during this activity as directed.</p>																						
PARENT/GUARDIAN SIGNATURE _____			DATE _____																			

### IV. MEDICAL HISTORY

LIST ALL MEDICAL CONDITIONS OR RECENT INJURIES *(If none, indicate such)*

HAS THE CADET HAD, OR CURRENTLY HAS, ANY OF THE FOLLOWING?

If yes, please explain in the remarks section with date and physicians consulted.

Y	N	DESCRIPTION	Y	N	DESCRIPTION	Y	N	DESCRIPTION	Y	N	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Ear infections	<input type="checkbox"/>	<input type="checkbox"/>	Chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble (except glasses)
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting	<input type="checkbox"/>	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual cramps	<input type="checkbox"/>	<input type="checkbox"/>	Chronic injuries
<input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	Pos. TB skin test	<input type="checkbox"/>	<input type="checkbox"/>	Known allergies	<input type="checkbox"/>	<input type="checkbox"/>	Stomach trouble
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>	Been admitted to a hospital	<input type="checkbox"/>	<input type="checkbox"/>	Drug or alcohol habit
<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment in last 5 years
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Motion sickness	<input type="checkbox"/>	<input type="checkbox"/>	Attempt suicide	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble	<input type="checkbox"/>	<input type="checkbox"/>	High or Low Blood pressure			

**Remarks:** Describe all medications being taken, medical ailments, recent accidents, other accidents, and other conditions. We need this to be as thorough as possible. Include a separate sheet of paper or use the back of this page if necessary.

LIST ANY ALLERGIES TO MEDICATIONS, FOOD, INSECT STINGS, ETC. BE SPECIFIC. *(If none, indicate such)*

LIST ANY DIETARY RESTRICTIONS (e.g. MEDICAL, RELIGIOUS, VEGETARIAN, ETC.). *(If none, indicate such)*

ARE YOU NOW OR HAVE YOU EVER BEEN WAIVED FROM PHYSICAL TRAINING BY A DOCTOR? *(If no, indicate such; If )*

No       Yes (explain):

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT THIS CADET? *(If no, indicate such; If )*

No       Yes (explain):

**REMINDER:** Attach a copy of the cadet's immunization record and insurance card are attached.

As the listed parent/guardian named in this document, I hereby grant permission for the activity Health Services Officer (HSO) to share this information with CAP Senior Staff members and any health care providers as necessary to provide appropriate healthcare care for my cadet/child (or myself if, CAP senior member). I also grant permission for any CAP or non-CAP attending medical or nursing staff to share medical information with any CAP HSO as necessary to provide appropriate healthcare care for my cadet (or myself if, CAP senior member).

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**NOTIFICATION:** This information is for official use only and will not be released to unauthorized persons. Answer all questions as accurately as possible so that activity staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you.