ALWG HEADQUARTERS
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
MAXWELL AIR FORCE BASE, ALABAMA 36112

July 7, 2019

MEMORANDUM FOR ALWG ACTIVITY DIRECTORS & COMMANDERS

FROM: ALWG DCP

SUBJECT: Forms needed for cadet activities

It has been brought to my attention that we are not collecting all the required forms needed for some of the activities to taking place in the ALWG. I want to remind everyone that we need to be sure we are preparing ourselves in the case an incident was to occur. Some activities require more forms than others, so to assist with any confusion, I have included a list of the forms that may be needed with a brief description of each (Per CAPR 60-1):

1. ***CAPF 60-80, Cadet Activity Permission Slip***
    a. This form is needed for ALL activities across all echelons
    b. Used to collect permission from parents / guardians
2. ***CAPF 60-81, Application for Cadet Encampment or Special Activity***
    a. This form is needed for ALL activities conducted outside of the unit level
    b. Used to collect permission from parents / guardians AND Unit Commander / Designee
        i. All cadets require Unit Commander permission before participating in any activity outside of the unit level.
            1. Examples: WESS, Ironman, Glider Flights, Group or Wing SAREX, Encampment, activities hosted by other units, etc.
    c. In the case an activity is conducted outside of the Wing, signatures are needed from the Unit CC, Group CC and Wing CC (or designee)
        i. When submitting for signatures above the unit level, the request must be made by the Unit Commander, to the Group and Wing authorized signers. All request must allow a 7-day window to collect the proper permissions.
3. ***CAPF 60-82, CAP High Adventure Activity Authorization (HAA)***
    a. This form is needed for all activities that have higher risks than the normal activity.
    b. Used to ensure the activity meets the safety and legal guidelines to authorize this activity.
        i. Examples: HAAs include, but are not limited to, firearms training, paintball, rappelling, obstacle courses, low-ropes courses, water survival courses, winter camping, and similar endeavors.
    c. This form is completed by the Activity Director and sent to the Wing Director of Cadet Programs, 1 month prior to the date of the activity. Permission must be grated before the activity can take place.
4. ***CAPF 160, CAP Member Health History Form***
    a. This form is needed for all activities to identify the cadet's health and ability to perform in all or part of an activity. This form can be kept for future activities and should only be updated once a year and when there are changes to the cadet's health.

b. It is encouraged that all Unit Commanders have a CAP Medical Officer review this form to better prepare in the case an issue was to occur.
c. It is required that all Activity Directors in ALWG (Any activity involving cadets) have the Wing Medical Officer (or designee) review all medical forms and provide a briefing to the Activity Director of potential concerns.

5. **CAPF 161, Emergency Information**
    a. This form is needed for all activities in the case a cadet's emergency contact was needed and if the cadet was taken to the doctor while attending a CAP event.
6. **CAPF 162, CAP Member Physical Exam Form**
    a. This form is needed for activities that will be physically challenging for a cadet. The Activity Officer and/or the reviewing CAP Medical Officer can request a cadet to complete this form based on the data collected from the CAPF 160, CAP Member Health Form.
    b. Units may also use this form to determine which Category a cadet needs to be placed in or changed to.
        i. Example: If a cadet breaks their leg and they go to the doctor, they can be placed in a different category for a specific amount time. Review CAPF 60-1, 2.11. for further explanation and guidance.
7. ***CAPF 163, Permission for Provision of Minor Over-The-Counter Medication***
    a. This form is need in activities that are over night or if a cadet has allergies that could be life threating.
    b. When this form is needed, it should be reviewed by a CAP Medical Officer.

If you have any questions or concerns with activities that cadets are present to, please contact me by email at CP@ALWG.US. For immediate assistance please contact me by phone or text at 334-406-2440.

//SIGNED//
JOSHUA AMERSPEK, Captain, CAP
Director of Cadet Programs

7 Attachment(s):

1. CAPF 60-80
2. CAPF 60-81
3. CAPF 60-82
4. CAPF 160
5. CAPF 161
6. CAPF 162
7. CAPF 163

CIVIL AIR PATROL CADET ACTIVITY PERMISSION SLIP

SUGGESTED BEST PRACTICE *for* LOCAL "WEEKEND" ACTIVITIES:
Announce the activity at least 2 weeks in advance and require participating cadets to sign-up via this form 1 week prior to the event

1. INFORMATION *on the* PARTICIPATING CADET

Cadet Name:	**Cadet Grade:**	**CAPID:**
Unit Charter Number:	**Activity Name:**	**Activity Date:**

2. INFORMATION *about the* ACTIVITY

For hotel-based activity or conference **Grade & Name of Supervising Senior:**	*For hotel-based activity or conference* **Supervising Senior initial to acknowledge responsibility:**

3. PARENT's *or* GUARDIAN's CONTACT INFORMATION

Parent or Guardian Name:	**Relationship to Cadet:**	**Contact Number on Date(s) of Activity:**

4. OTHER DOCUMENTS REQUIRED *to* PARTICIPATE

Check those that apply and attach with this form

☐ **CAPF 31** *Application for Special Activity*	☐ *Other / Special Local Forms (specify)*
☐ **CAPF 160** *CAP Member Health History Form*	
☐ **CAPF 163** *Provision of Over the Counter Medication*	

5. PARENT's *or* GUARDIAN's AUTHORIZATION

Cadets who have reached the age of majority, write "N.A."

I authorize my cadet to participate in the activity described above.	**Signature:**	**Date:**

Disposition: *Units may discard this completed form when the activity concludes.*

Please detach on the dotted line. *The upper portion is for CAP and the lower portion is for the parent's or guardian's reference.*

6. HELPFUL INFORMATION *for* PARENTS & GUARDIANS

To be completed by the cadet with assistance from local leaders or activity hosts

Activity Name:	**Activity Date & Time:**
Activity Location:	**Activity Format(s):** ☐ classroom, tour, light duty ☐ backcountry ☐ physically rigorous ☐ flying
Participation Fee: **Payment Due:**	
Transportation Provided? ☐ Yes ☐ No **Extra Fee:**	**Transportation Rally Point:**
"High Adventure"? ☐ Yes ☐ No **If yes, explain:**	**CAP Point of Contact Name:**
	The supervising adult staff is expected to include ☐ **men only** ☐ **women only** ☐ **men and women**
Meals: ☐ Provided ☐ Bring own food ☐ Bring money	**Emergency Phone:**
Equipment Needed: ☐ See website or flier for equipment list	**Activity Website:**
	Estimated Time Returning to Home or Rally Point:

APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY

Name (Last, First, Middle Initial)		CAPID	CAP Grade	Gender
Member Type	**Charter No. (e.g. GLR-MI-059)**	**Grade in School**	**Religious Preference**	
Address (Include No., Street, City, State and Zip Code)		**Home Phone Number**	**Cell Phone Number**	
		E-Mail Address		

Date of Birth (mm/dd/yy)	Shirt Size	Height (Inches)	Weight (Lbs)	Hair Color	Eye Color

Title of Activity	Location of Activity	Activity Dates

Staff Position(s) Sought

Emergency Contact Information

(Primary Contact) Name (Last, First, Middle Initial)	Relationship	Primary Phone Number
(Secondary Contact) Name (Last, First, Middle Initial)	**Relationship**	**Primary Phone Number**

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me 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 my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

Date _____ Signature of Applicant _____

Name (Last, First, Middle Initial)	Title of Activity

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: 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 as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees 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:

1. Is my minor child or ward.

2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.

3. 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 not following 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	Witness for Father's Signature	Father or Legal Guardian
	Witness for Mother's Signature	Mother or Legal Guardian

Squadron Certification. (Squadron Commander's signature is not necessary if the activity is approved in eServices or if it is a squadron activity.)

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates.

Date	Squadron Commander

Group Certification. (Group Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the group.)

Date	Group Commander (or designee)

Wing Certification. (Wing Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the wing.)

Date	Wing Commander (or designee)

CIVIL AIR PATROL HIGH ADVENTURE ACTIVITY REQUEST

CAP UNIT INFORMATION

Sponsoring CAP Unit: _____ Activity Director/Project Officer: _____

Daytime Phone: _____ E-mail: _____

ACTIVITY INFORMATION

Type of Activity

☐ Rappelling ☐ Obstacle/Confidence Course ☐ Canoeing/Kayaking ☐ Ropes Course

☐ Indoor Skydiving ☐ Paintball/ Simunitions ☐ Water Survival ☐ Firearms Training

☐ Other –Please describe: _____

***Note that flying in ultra-lights, para-sailing, parachuting, and similar activities are expressly PROHIBITED by CAP.

Primary Date(s) of Activity: _____ Alternate Date(s) of Activity / Rain Dates: _____

Location(s) of Activity: _____ Estimated Number of Cadets Participating: _____

HOST AGENCY

Activity Host / Outside Organization: _____ Point of Contact: _____

PoC's Title: _____ Daytime Phone: _____

E-mail: _____ Is this a military unit or law enforcement agency? _____

What are the host organization's and/or instructors' qualifications, certifications, accreditations, etc.? If the host organization is not a commercial business or a military or law enforcement unit, have the instructor's credentials been validated? Please attach a copy of current certification(s).

What published safety protocols will the host organization be following?

ADULT SUPERVISION

How many CPPT-approved senior members will be on-scene? _____

Senior Member Chaperones' Name	CAPID	Years of Experience for this HAA

SAFETY CONSIDERATIONS

Does this activity depend on good weather? If so, please identify your minimum weather conditions.

Is this activity open to all cadets or are there any medical or fitness requirements? Please describe.

Are cadets required to bring special equipment? Please describe.

Will the CAP senior staff be bringing any special equipment? Please describe.

What is the group's plan in the event of a medical emergency?

How will parents be briefed of the activity's plans? Please attach your Letter to Parents and/or parents' briefing slides.

Will the staff have completed CAPFs 31 on file, on site, signed by parent or guardian for each cadet?

APPROVALS

Grade, Name of Unit Commander

☐ Approved ☐ Disapproved

Signature

Date

Grade, Name of Wing Commander

☐ Approved ☐ Disapproved

Signature

Date

REMARKS

CAP MEMBER HEALTH HISTORY FORM

This information is CONFIDENTIAL and for official use only. It cannot be released to unauthorized persons. Answer all questions as accurately as possible so that the activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you. This form will also provide medical information in a case when you are unable to do so.

Name *(Last, First, Middle)*			**Grade**	**CAPID**	**Charter Number**
Date of Birth	**Height**	**Weight**	**Hair Color**	**Eye Color**	**Gender**

Allergies: List Names of Medication or Other Allergies *(i.e., bee sting, food, plants)* and types of reactions; please note food allergy details with dietary restrictions below on back as well.

Do You Now Have Or Have You Ever Had Any Of The Following? *Explain any yes' in the remarks section below or attach additional sheet. Conditions not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)*

If "Yes" is marked in an item with multiple choices, please circle which problem applies.

No	Yes		No	Yes	
☐	☐	Decreased vision, glaucoma, contacts	☐	☐	Chronic or recurring injuries
☐	☐	Ear infections, perforation	☐	☐	Activity, mobility restrictions
☐	☐	Difficulty equalizing ears	☐	☐	Use of cane, walker, wheelchair
☐	☐	Hearing loss, hearing aid	☐	☐	Back or neck pain or injury
☐	☐	Allergies, nasal stuffiness	☐	☐	Migraine or severe headaches
☐	☐	Anaphylaxis, serious allergic reaction	☐	☐	Dizziness or fainting spells
☐	☐	Asthma, emphysema (COPD)	☐	☐	Head injury, unconsciousness
☐	☐	Ever use an inhaler	☐	☐	Epilepsy or seizure
☐	☐	Short of Breath with activity	☐	☐	Stroke, paralysis
☐	☐	Heart Attack, chest pain, angina	☐	☐	Thyroid problems (low or high)
☐	☐	Heart murmur, heart problems	☐	☐	Diabetes, high or low blood sugars
☐	☐	Congestive heart failure	☐	☐	Cancer, leukemia
☐	☐	Irregular or rapid heartbeat	☐	☐	Blood disease, hemophilia
☐	☐	High or low blood pressure	☐	☐	Motion sickness
☐	☐	Stomach trouble, ulcers	☐	☐	Special diet, food allergies
☐	☐	Hepatitis or liver problems	☐	☐	Current bedwetting problems
☐	☐	Diarrhea, constipation	☐	☐	ADD (Attention Deficit Disorder)
☐	☐	Hernia or rupture	☐	☐	Mental illness (bipolar, other)
☐	☐	Kidney disease or stones	☐	☐	Depression, anxiety, suicidal
☐	☐	Prostate problems (men)	☐	☐	Admission to the hospital
☐	☐	Frequent urination	☐	☐	Other chronic medical illnesses
☐	☐	Menstrual cramps (women)	☐	☐	Sleep disorder, sleep apnea
☐	☐	Broken bone, joint problems	☐	☐	Serious Injury

Dietary Restrictions or Limitations *(List any dietary restrictions like food allergies, diabetes, gluten-free, vegetarian diets, etc.)*

Past Surgical History *(List all surgeries including tonsils, ear tubes, appendix, gall bladder, hernia, hysterectomy, heart, heart catheterization, bone and joint and all other surgeries.)*

Date Tetanus Booster ☐ **No Td or Tdap** **Date:**	**Hepatitis Vaccine** ☐ **No** **Date:**	**Pneumonia Vaccine** ☐ **No** **Date:**	**Varicella Immuni-zation/chickenpox** ☐ **No** **Date:**	**Influenza Vaccine** ☐ **No** **Date:**

Medication Information - *Include supplements, over-the-counter medicines, herbals, creams, etc., or write "None".*

Name of Medication/Inhaler	**Tablet Strength**	**Times taken per day**	**Reason for Medication**	**Any Special Dosing or Storage Instructions** (i.e., as needed, with meals, must be refrigerated, etc.)
1.				
2.				
3.				
4.				

Social History

Tobacco *Use (packs per day, years smoked, smokeless tobacco use)*	**Occupation** *(student or other)*	**Religious Preference**

Remarks *(Attach additional sheet if needed)*

CONSENT FOR MINOR CADET PARTICIPATION, MEDICATIONS, TREATMENT

I give permission for full participation in CAP programs, subject to any limitations noted herein.

My signature below evidences my consent for my child/ward to possess and self-administer the prescription medications listed above I understand that there are legal limitations imposed on CAP senior members with regard to the involuntary administration of medications to my child/ward. (Cross out if permission is denied).

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge exam/test results and treatment provided.

_____ _____

DATE SIGNATURE OF PARENT/GUARDIAN

EMERGENCY INFORMATION
(Insurance/Physician Information, Emergency Contacts, Minor Consents

Name *(Last, First, Middle)*	**Grade**	**CAPID**	**Charter Number**
Mailing Address *(Number and Street)*	**City**	**State**	**Zip Code**
(Area Code) **Home Phone**	*(Area Code)* **Cell Phone**		

Primary Insurance Information *(Please attach copy of insurance cards, front and back)*

Medical Insurance Company	**Policy Number**	**Group Code/Number**	**Co-Pay Amount $**
Prescription Coverage Company	**Policy Number**	**Group Code/Number**	**Co-Pay Amount $**

Family Physician

Name	*(Area Code)* **Phone**		
Mailing Address *(Number and Street)*	**City**	**State**	**Zip Code**

Emergency Contact *(Parent, guardian or closest relative to be notified in case of emergency)*

Name		**Relationship to Applicant**	
Mailing Address *(Number and Street)*		**City**	**State**	**Zip Code**
(Area Code) **Pager**	*(Area Code)* **Cell/Mobile Phone**	*(Area Code)* **Day Phone**	*(Area Code)* **Night Phone**
Unit Commander Name and Grade		**Unit Name**	
(Area Code) **Unit Commander Day Phone**		*(Area Code)* **Unit Commander Night Phone**	

CAP MEMBER PHYSICAL EXAM FORM

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

Note to Physician: Please complete the physical exam form below. Based on your knowledge of the individual and the information on the CAPF 160, *CAP Member Health History Form* (which the member should present to you), please determine a Physical Participation Category.

Vital Signs

Height	**Weight**	**Blood Pressure**	**Pulse**	**Temperature**	**Respirations**

Corrected distance vision:	**Right Eye** / 20	**Left Eye** / 20

Can the member hear a normal conversational voice at a distance of 6 feet with the member's back to the examiner? ☐ **Yes** ☐ **No**

Physical Examination

	Normal		**Describe Abnormalities**
	Yes	**No**	
General Appearance	☐	☐	
Orientation	☐	☐	
Skin	☐	☐	
HEENT	☐	☐	
Heart	☐	☐	
Lungs	☐	☐	
Abdomen	☐	☐	
Hernia	☐	☐	
Neurological	☐	☐	
Urological	☐	☐	
Endocrine	☐	☐	
Psychological	☐	☐	
Joints	☐	☐	
Back	☐	☐	

Physical Participation Category *(Check One)*

☐	**Category I - Unrestricted.** Member is in good health, and may participate in any physical activity without restrictions.
☐	**Category II - Temporarily Restricted**. Temporarily restricted from some or all physical activities due to a temporary medical condition or injury. (Specify restrictions and duration.)
☐	**Category III - Partially Restricted.** Permanently restricted from some physical activities due to medical condition or injury that is chronic or permanent in nature. (Specify restrictions.)
☐	**Category IV - Indefinitely Restricted.** Unable to participate in physical activities and is generally only capable of sedentary activity.

List Restrictions And Duration

Certifying Physician

Name	**Address**	**Phone**

Date of Examination	**Signature**

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

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

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. Cross out any medications not approved.

Acetaminophen (Tylenol) for fever or pain

Ibuprofen (Advil, Motrin) for fever or pain

Bacitracin or Neosporin antibiotic ointment to prevent infection

Hydrocortisone anti-inflammatory rash cream

Calamine/Caladryl for poison ivy itch relief

Antifungal creams and sprays for treatment of fungal rashes

Visine eye drops for dry, irritated eye relief

Op-Con A eye drops for allergic conjunctivitis

Benadryl liquid/tabs for allergic reactions

Claritin antihistamine for seasonal allergies

Robitussin products for relief of cough and cold symptoms

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	**Signature of Parent/Guardian**