New Hampshire Wing - Civil Air Patrol

Parental Consent Statement

DATE:_____

1. CADET_____
(Last Name) (First) (Middle) (CAP/SSN)

I HEREBY GIVE PERMISSION FOR MY CHILD TO TRAVEL BY MILITARY OR CAP-USAF GOVERNMENT CONTRACT AIRCRAFT FOR THE PURPOSE OF PARTICIPATING IN CIVIL AIR PATROL'S ;

ACTIVITY:_____DATE(S) OF ACTIVITY:_____

2. I HEREBY GIVE PERMISSION FOR MY SON / DAUGHTER NAMED ABOVE, TO RECEIVE MEDICAL TREATMENT IN THE EVENT OF AN EMERGENCY WHILE PARTICIPATING IN CIVIL AIR PATROL ACTIVITIES.

3. MY SON / DAUGHTER IS CURRENTLY TAKING MEDICATION LISTED BELOW:
Medication:_____
Ins. Company:_____ policy #:_____Group #:_____
Physician Name/Address/Phone _____

SIGNATURE:_____ _____
(Parent or Legal Guardian) (Type or Print)

ADDRESS:_____ _____
(Street or P.O. Box No.) (Telephone number)

_____
(City, State and Zip Code)

NOTE: PARENTAL APPROVAL IN WRITING IS REQUIRED FOR CIVIL AIR PATROL CADETS UNDER EIGHTEEN (18) YEARS OF AGE BEFORE THEY WILL BE PERMITTED TO FLY ON MILITARY / CAP - USAF GOVERNMENT CONTRACT AIRCRAFT.

NHWF 76-1 (Revised 15 FEB 2000)