

CIVIL AIR PATROL
PARENTAL CONSENT FORM

I hereby give permission for my child _____
to participate in the following activity:

Activity Name: _____

Location: _____

Dates: ____/____/____ to ____/____/____

In case of accident or illness, I here by give my permission for the above named cadet to be treated at any recognized medical facility or by any legally qualified physician, or practitioner, and accept financial responsibility for any expense not covered by CAP or FECA benefits. Civil Air Patrol personnel are authorized to take appropriate actions to insure that my child receives appropriate medical treatment.

If necessary, I may be contacted at:

_____ Home Phone _____
Address Include Area Code

_____ Work Phone _____
City, State, Zip Code Include Area Code

Typed or Printed Name of Parent or Guardian

Signature