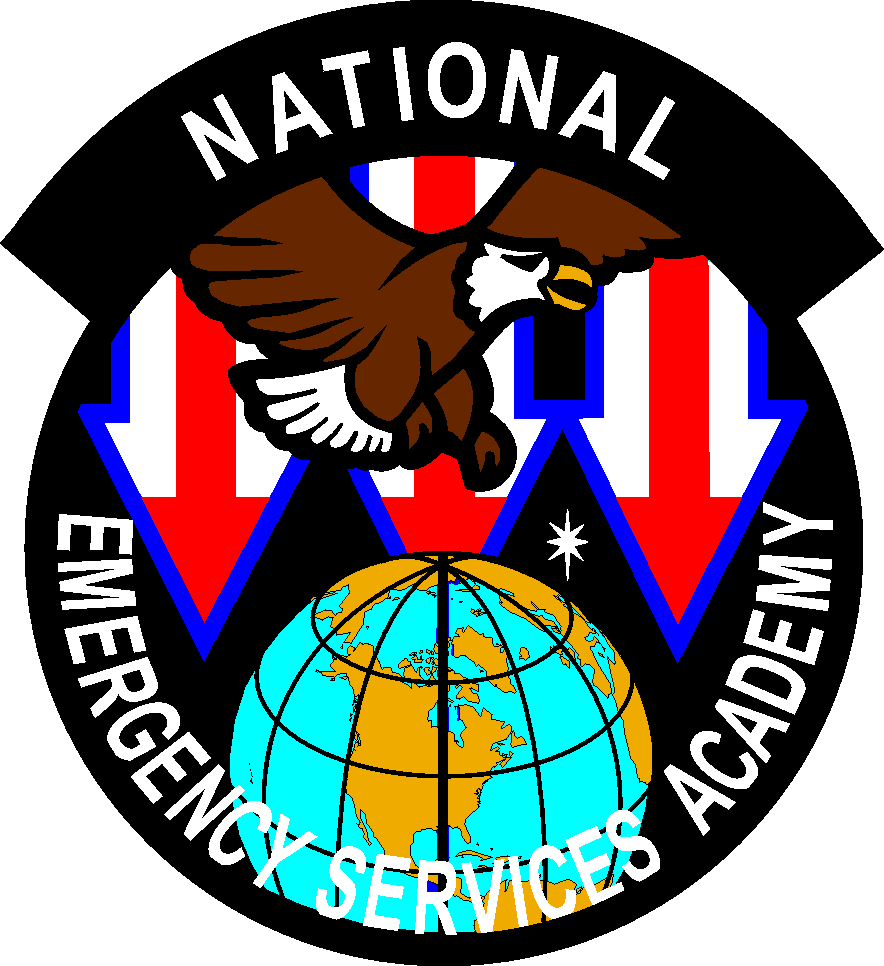
**NAME (Last, First, MI):** **RANK/GRADE:**  **CAPID:**



STAFF USE ONLY

**NESA Satellite Southeast (NSSE)**

**Medical Information & Release Agreement**

**MUST BE COMPLETED BY ALL APPLICANTS**

*This information is* ***For Official Use Only*** *and will not be released to unauthorized persons. Answer all questions as accurately as possible so that NSSE staff is aware of any pre-existing medical problems or conditions and can be alert to help you. If information reported on this form changes prior to the start of the activity, or at any time during the activity, please contact the activity director or medical officer to update them on your medical status appropriately.* ***If you are sick, please do not attend the weekend. This means if you have had a temperature > 100.5, vomiting, sore throat, and/or flulike symptoms within the 48 hours prior of the event you should stay home. Parents, please be aware that if your child arrives sick, we will call you to come get them Friday night.***

**MEDICAL INFORMATION**

HAVE YOU EVER HAD AN FAA OR OTHER FLIGHT PHYSICAL DENIED, SUSPENDED OR REVOKED? (Give the date and reason in the remarks section.):

HAVE YOU BEEN INJURED OR INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS? (If yes, please explain the extent of your injuries, treatment required, and any issues the activity staff should be aware of to support you in the remarks section.):

ARE YOUR IMMUNIZATIONS UP TO DATE?

HAVE YOU HAD ANY OF THE FOLLOWING? (If any item is answered yes, please provide details in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during NSSE should also be documented in the remarks section.):

Frequent or severe headaches

Ear Infections or Hearing Trouble

Chronic diseases like Diabetes or Bronchitis

Dizziness or Fainting Spells

Unconsciousness for any reason

Eye trouble, excluding glasses or contacts

Epilepsy or fits

Hay Fever

Motion Sickness

Heart Trouble

Nervous Trouble of any sort

High or Low Blood Pressure

Any Known Allergies

Stomach Trouble

Asthma

Chronic or Recurring Injuries

Medical Treatment within the last 3 years other than regular office visits or physicals

DIETARY RESTRICTIONS (Please note details of dietary restrictions or other dietary issues in the remarks section.):

DO YOU CURRENTLY USE ANY MEDICATIONS? (Provide details in the next section or the remarks section.):

Prescription Medication (Please list all prescription medications; if additional space is needed please use the remarks section. All prescription medication must be brought to NSSE in the original pharmacy container with the physician’s name, medication, and dosage. **If your child is on any type of behavioral medication, NSSE is not the place to take medication holidays. This activity is very demanding and requires focus so please make sure medications are sent and that you can depend on your child to take them.**

Medication When Dose Remarks

PERSONAL PHYSICIAN:

NAME:       PHONE: (     )     -

INSURANCE INFORMATION (NOTE: Please attach a copy (both sides) of insurance card(s) for minors participating in NSSE):

MEDICAL  DENTAL

COMPANY:       COMPANY:

POLICY NUMBER:       POLICY NUMBER:

**EMERGENCY CONTACT - PARENT, GUARDIAN, CLOSE RELATIVE OR FRIEND TO BE NOTIFIED IN CASE OF EMERGENCY**

NAME:       RELATIONSHIP:

ADDRESS:

CITY:       STATE:    ZIP CODE:

DAY TELEPHONE: (     )     -      NIGHT TELEPHONE: (     )     -

FAX: (     )     -      MOBILE TELEPHONE: (     )     -

E-MAIL:

ALLERGIES: List allergies (i.e., bee sting, food, plants) and types of reactions. Please note food allergy details with dietary restrictions as well.

**NAME (Last, First, MI):****RANK/GRADE:** **CAPID:**

**RELEASE AGREEMENT**

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for the NESA Satellite Southeast (NSSE), and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity at the first available opportunity and with full knowledge that NSSE may include:

1. Traveling by land, sea, or air in US military, Civil Air Patrol, commercial, or privately-owned vehicles from regular place of residence to the site of the activity, travel incident to the activity, and subsequent return to place of residence.
2. Participation in aviation activities as a passenger or a student trainee in US military, Civil Air Patrol, commercial, or privately-owned aircraft.
3. Living for a period of one week or more on military 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 school and/or group I am assigned to at all times during NSSE.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity.
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 NSSE, 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 NSSE or activities or continuances thereof, as well as all ground and flight operations incident thereto.

In addition, by my signature below, I certify that:

1. I have no history of injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form. If anything changes between the time this form is completed and the start of NSSE I will advise the NSSE staff accordingly.
2. I will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., NSSE director, or other NSSE staff members. If not following the above-mentioned rules, regulations, or directives I may be sent home at the discretion of the NSSE Director, or NSSE Operations Officer at my expense.
3. Civil Air Patrol, Inc. has my permission to release or use any and all photos or videos of myself taken during NSSE, at its discretion, and may identify me by name in released photos or videos. Personal contact information will not be released without prior approval.

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DATE WITNESS FOR APPLICANT’S SIGNATURE SIGNATURE OF APPLICANT

**RELEASE BY PARENTS OR GUARDIANS**

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for NSSE, 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 NSSE, 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 such 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 NSSE or continuances thereof, as well as 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 of injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form. If anything changes between the time this form is completed and the start of NSSE I will advise the NSSE staff accordingly.
3. Will follow all rules, regulations, and directives established by the Civil Air Patrol, Inc., NSSE Director, or other NSSE staff members. If not following the above-mentioned rules, regulations, or directives he/she may be sent home at the discretion of the NSSE Activity Director or NSSE Operations Officer at my expense.

Civil Air Patrol, Inc. is hereby granted permission to release or use any and all photos or videos of the applicant taken during NSSE, and may identify my child by name in released photos or videos. Personal contact information will not be released without prior approval.

In case of injury, disease or other illness, permission is hereby granted to treat the applicant as required (including over the counter medications for relief of minor ailments). If the applicant is released from NSSE before recovery from said injury, disease, or illness, I am responsible for any further treatment

**CONSENT FOR NON-PRESCRIPTION MEDICATION ADMINISTRATION TO MINORS**

Below is a list of commonly used over the counter medications. Please indicate if you approve or disapprove of the use of each of these medications if your child’s condition warrants its use during NSSE by indicating yes or no to the left of each medication:

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

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DATE WITNESS FOR FATHER’S SIGNATURE SIGNATURE OF FATHER OR LEGAL GUARDIAN

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DATE WITNESS FOR MOTHER’S SIGNATURE SIGNATURE OF MOTHER OR LEGAL GUARDIAN

ADDITIONAL REMARKS: (Information such as detailed dietary requirements, other medication taken or instructions, physical limitations, useful medical or behavioral information, or other emergency contacts should be provided here. Add more on the reverse or attach additional sheets if necessary.):