

NAME (Last, First, MI):

RANK/GRADE:

CAPID:

# Tennessee Wing Emergency Services School (WESS)

STAFF USE ONLY

## 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 WESS staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you. If information reported on this form changes prior to the start of the activity, please contact the activity director or medical officer to update them on your medical status appropriately.*

### 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.): Yes or No

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.): Yes or No

ARE YOUR IMMUNIZATIONS UP TO DATE?: Yes or No

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 WESS should also be documented in the remarks section.):

Yes or No	Frequent or severe headaches	Yes or No	Motion Sickness
Yes or No	Ear Infections or Hearing Trouble	Yes or No	Heart Trouble
Yes or No	Chronic diseases like Diabetes or Bronchitis	Yes or No	Nervous Trouble of any sort
Yes or No	Dizziness or Fainting Spells	Yes or No	High or Low Blood Pressure
Yes or No	Unconsciousness for any reason	Yes or No	Any Known Allergies
Yes or No	Eye trouble, excluding glasses or contacts	Yes or No	Stomach Trouble
Yes or No	Epilepsy or fits	Yes or No	Asthma
Yes or No	Hay Fever	Yes or No	Chronic or Recurring Injuries
Yes or No	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.): Yes or No

DO YOU CURRENTLY USE ANY MEDICATIONS? (Provide details in the next section or the remarks section.): Yes or No

PRESCRIPTION MEDICATION (Please list all prescription medications; if additional space is needed please use the remarks section. All prescription medication must be brought to WESS in the original pharmacy container with the physician's name, medication, and dosage. If there is a change in dosage since the prescription, you must have a written physician's order.):

Medication	When	Dose	Remarks
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PERSONAL PHYSICIAN:

NAME: PHONE: ( ) -

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

<input type="checkbox"/> MEDICAL	<input type="checkbox"/> 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:
DAY TELEPHONE: ( ) -	ZIP CODE:
FAX: ( ) -	NIGHT TELEPHONE: ( ) -
E-MAIL:	MOBILE TELEPHONE: ( ) -

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):

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CAPID:

**RELEASE AGREEMENT**

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for the Tennessee Wing Emergency Services School (WESS), 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 WESS 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 WESS.
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 WESS, 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 WESS 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 WESS I will advise the WESS staff accordingly.
2. I will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., WESS director, or other WESS staff members. If not following the above mentioned rules, regulations, or directives I may be sent home at the discretion of the WESS Director, or WESS 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 WESS at its discretion, and may identify me by name in released photos or videos. Personal contact information will not be released without prior approval.

\_\_\_\_\_  
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 WESS, 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 WESS, 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 WESS 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 WESS I will advise the WESS staff accordingly.
3. Will follow all rules, regulations, and directives established by the Civil Air Patrol, Inc., WESS Director, or other WESS staff members. If not following the above mentioned rules, regulations, or directives he/she may be sent home at the discretion of the WESS Activity Director or WESS 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 WESS, 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 WESS 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 WESS by indicating yes or no to the left of each medication:

Yes or No	Acetaminophen (Tylenol) for fever or pain	Yes or No	Visine eye drops for dry, irritated eye relief
Yes or No	Ibuprofen (Advil, Motrin) for fever or pain	Yes or No	Op-Con A eye drops for allergic conjunctivitis
Yes or No	Bacitracin or Neosporin antibiotic ointment to prevent infection	Yes or No	Benadryl liquid/tabs for allergic reactions
Yes or No	Hydrocortisone anti-inflammatory rash cream	Yes or No	Claritin antihistamine for seasonal allergies
Yes or No	Calamine/Caladryl for poison ivy itch relief	Yes or No	Robitussin products for relief of cough and cold symptoms
Yes or No	Antifungal creams and sprays for treatment of fungal rashes	Yes or No	Delsym to suppress cough
		Yes or No	Tums or Maalox for relief of stomach upset

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS FOR FATHER'S SIGNATURE

\_\_\_\_\_  
SIGNATURE OF FATHER OR LEGAL GUARDIAN

\_\_\_\_\_  
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.):