

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 <i>(Last, First, Middle)</i>			Grade / Rank	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	
<input type="checkbox"/>	<input type="checkbox"/>	Decreased vision, glaucoma, contacts	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurring injuries
<input type="checkbox"/>	<input type="checkbox"/>	Ear infections, perforation	<input type="checkbox"/>	<input type="checkbox"/>	Activity, mobility restrictions
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty equalizing ears	<input type="checkbox"/>	<input type="checkbox"/>	Use of cane, walker, wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss, hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	Back or neck pain or injury
<input type="checkbox"/>	<input type="checkbox"/>	Allergies, nasal stuffiness	<input type="checkbox"/>	<input type="checkbox"/>	Migraine or severe headaches
<input type="checkbox"/>	<input type="checkbox"/>	Anaphylaxis, serious allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, emphysema (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	Head injury, unconsciousness
<input type="checkbox"/>	<input type="checkbox"/>	Ever use an inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizure
<input type="checkbox"/>	<input type="checkbox"/>	Short of Breath with activity	<input type="checkbox"/>	<input type="checkbox"/>	Stroke, paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, chest pain, angina	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems (low or high)
<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur, heart problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes, high or low blood sugars
<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>	Cancer, leukemia
<input type="checkbox"/>	<input type="checkbox"/>	Irregular or rapid heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Blood disease, hemophilia
<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Motion sickness
<input type="checkbox"/>	<input type="checkbox"/>	Stomach trouble, ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Special diet, food allergies
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or liver problems	<input type="checkbox"/>	<input type="checkbox"/>	Current bedwetting problems
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea, constipation	<input type="checkbox"/>	<input type="checkbox"/>	ADD (Attention Deficit Disorder)
<input type="checkbox"/>	<input type="checkbox"/>	Hernia or rupture	<input type="checkbox"/>	<input type="checkbox"/>	Mental illness (bipolar, other)
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease or stones	<input type="checkbox"/>	<input type="checkbox"/>	Depression, anxiety, suicidal
<input type="checkbox"/>	<input type="checkbox"/>	Prostate problems (men)	<input type="checkbox"/>	<input type="checkbox"/>	Admission to the hospital
<input type="checkbox"/>	<input type="checkbox"/>	Frequent urination	<input type="checkbox"/>	<input type="checkbox"/>	Other chronic medical illnesses
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual cramps (women)	<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorder, sleep apnea
<input type="checkbox"/>	<input type="checkbox"/>	Broken bone, joint problems	<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/> No Td or Tdap Date:	Hepatitis Vaccine <input type="checkbox"/> No Date:	Pneumonia Vaccine <input type="checkbox"/> No Date:	Varicella Immunization/chickenpox <input type="checkbox"/> No Date:	Influenza Vaccine <input type="checkbox"/> No Date:
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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 (<i>packs per day, years smoked, smokeless tobacco use</i>)	Occupation (<i>student or other</i>)	Religious Preference
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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

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 (<i>Last, First, Middle</i>)	Grade	CAPID	Charter Number
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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	Visine eye drops for dry, irritated eye relief
Ibuprofen (Advil, Motrin) for fever or pain	Op-Con A eye drops for allergic conjunctivitis
Bacitracin or Neosporin antibiotic ointment to prevent infection	Benadryl liquid/tabs for allergic reactions
Hydrocortisone anti-inflammatory rash cream	Claritin antihistamine for seasonal allergies
Calamine/Caladryl for poison ivy itch relief	Robitussin products for relief of cough and cold symptoms
Antifungal creams and sprays for treatment of fungal rashes	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
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EMERGENCY INFORMATION (Insurance/Physician Information, Emergency Contacts, Minor Consents)				
Name <i>(Last, First, Middle)</i>		Grade / Rank	CAPID	Charter Number
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
<i>(Area Code)</i> Home Phone		<i>(Area Code)</i> Cell Phone		
Primary Insurance Information <i>(Please attach copy of insurance cards, front and back)</i>				
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			<i>(Area Code)</i> Phone	
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
Emergency Contact <i>(Parent, guardian or closest relative to be notified in case of emergency)</i>				
Name			Relationship to Applicant	
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
<i>(Area Code)</i> Pager	<i>(Area Code)</i> Cell/Mobile Phone	<i>(Area Code)</i> Day Phone	<i>(Area Code)</i> Night Phone	
Unit Commander Name and Grade		Unit Name		
<i>(Area Code)</i> Unit Commander Day Phone		<i>(Area Code)</i> Unit Commander Night Phone		

RELEASE INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of being allowed to participate in a Civil Air Patrol Encampment at Barksdale AFB, Louisiana / Camp Minden on 14- 24 Jun 2018, and sponsored by the United States Air Force, I hereby agree to assume full responsibility for my own safety and indemnity, save and hold harmless the Government of the United States and of its employees and agents, acting officially or otherwise, from any and all liability, claims, demands, actions, debts, and attorney fees arising out of, claimed on account of, or in any manner predicated on a loss or damage to the property of and injuries to, or death of any persons whatsoever, which may occur resulting from my presence within the limits of Barksdale AFB in connection with the aforesaid program, do hereby waive forever any demands or claims thereof.

Date

Signature of Participant

Printed Name of Participant

Parent or legal guardian must sign for all participants under the age of 18

Address	
Home Phone	Work Phone
Cell Phone	Any Additional Contact Information

Date

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Witness to Parent/Guardian Signature

Printed Name of Witness

<p>You must obtain all signatures as indicated. Witnesses for parent signatures may <u>not</u> be a member of CAP, and <u>must be</u> over the age of 21.</p> <p><u>Parents cannot witness each other's signatures!</u></p>

**DEPARTMENTS OF THE ARMY AND AIR FORCE
HEADQUARTERS, LOUISIANA NATIONAL GUARD
OFFICE OF THE ADJUTANT GENERAL
JACKSON BARRACKS NEW
ORLEANS, LA 70146-0330**

**LIABILITY WAIVER (HOLD HARMLESS AGREEMENT)
USE OF LOUISIANA NATIONAL GUARD MILITARY FACILITIES**

For and in consideration of the use of Military facilities and the ROPES Course at Camp Villere, Camp Minden, Camp Beauregard, or Gillis Long (Carville) Center, for the below listed agency, the undersigned does agree to release, waive, indemnify, exonerate, hold harmless and defend the State of Louisiana, Louisiana National Guard, Louisiana Military Department, its agents, servants, employees or other representatives for any claims, demands and causes of action (including defense costs and attorneys fees) arising out of or pertaining to any loss, damage, injury or death sustained by the undersigned, the undersigned's children or family and caused by any negligent act or act of omission, or negligent breach of duty related to the event identified above. This release and document applies whether or not any claim, demand, action, or suit is based on or alleged to be based on or in part, the negligent act or act of omission, or similar conduct of those parties hereby released and indemnified.

The undersigned does hereby assume all risks and hazards incident to or attendant with participation in the event identified above. The undersigned hereby acknowledges that they possess adequate personal/family medical and hospitalization insurance coverage in case of bodily injury.

Louisiana Wing, Civil Air Patrol
Requesting Agency

Participant's Printed Name

Parent or Guardian's Signature

Participant's Signature

Date

Participant's Address

Witness Signature

Participant's Phone Number

**You must obtain all signatures as indicated. Witnesses for parent signatures may not be a member of CAP, and must be over the age of 21.
Parents cannot witness each other's signatures!**

Supplemental Release Agreement

PARTICIPANT

KNOW ALL PERSONS BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Encampment and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this encampment 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 of residence to the site of the encampment, travel incident to the 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 resident for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the encampment.
6. Acting as a spokesperson for Civil Air Patrol, rendering reports on the 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 officer and agents to participate in said encampment, 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 encampment or continuances thereof, as well as all ground and flight operations incident thereto.

Signature of Participant _____

_____ Date

PARENTS OR GUARDIANS OF APPLICANTS UNDER AGE 18

KNOW ALL PERSONS BY THESE PRESENTS: WHEREBY my child has applied for the 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 encampment, 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 as official or otherwise, from any and all claims, demands, actions or causes of actions, 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 encampment 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, 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., the 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 encampment commander or activity director 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 activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

_____ Date

Signature of Father / Guardian _____

Signature of Witness _____

Signature of Mother / Guardian _____

Signature of Witness _____

**You must obtain all signatures as indicated. Witnesses for parent signatures may not be a member of CAP, and must be over the age of 21.
Parents cannot witness each other's signatures!**



BEHAVIOR CONTRACT FOR LOUISIANA WING ENCAMPMENT

Louisiana Wing Cadet Encampment event pose special challenges for CAP cadets and the senior members attending and supervising the event. The LA Wing Cadet Program has identified areas of concern and has established certain requirements and procedures for this overnight activity to ensure it is conducted safely and effectively for the benefit of all attending.

PROHIBITED ITEMS & SEARCHES

It has been determined that cadets must not bring certain items to any wing encampment activity as those items are not necessary, may distract the cadet, or may pose safety or privacy issues. Possession of any of the prohibited items at an event may result in the cadet being asked to leave the event. The following items are considered **PROHIBITED**, and are not to be brought to the event. This list is subject to change/modification at any time by those running an event.

- Cell phones, i-pads, or any other type of electronic equipment capable of taking photos or videos, or the playing of music. All jewelry, watches, rings, chains, necklaces bracelets.
- Candy, gum, snacks, soft drinks, energy drinks and any other type of food product may be prohibited items for any CAP overnight events, at the discretion of the Project Officer or event commander.
- No reading material of any type, except for CAP material and Faith Based material.
- Any type of scissors, knives, or any type of weapon or munitions/ammunition.
- Cigarettes, inclusive of electronic cigarettes, cigars, chewing tobacco, alcoholic beverages, matches, lighters, or any other items minors are prohibited from purchasing.

Any of the above items (including any that may not be listed but are determined by senior member staff to be a detriment to safety or privacy) that are brought to a the Wing Encampment event will be confiscated, placed in gallon sized ZipLoc bags, and marked with the cadets name, ID, and Flight name, to be returned at the end of the event. These prohibited items will be stored in a safe location, away from cadets.

NOTE: Due to recent CAP regulation changes, ALL medications will be Self-Administered by the cadet. Cadets will also be responsible for the safe keeping of their medication. The only medications that should be surrendered to the Medical Staff are those requiring refrigeration. It will still be the cadet's responsibility to self-medicate. Any cadet sharing medication with another cadet is subject to CAP penalties and applicable state laws.

CELL PHONES AND SPECIAL CIRCUMSTANCES

If there are special circumstances which require a cadet to call home this may be coordinated through a designated senior staff member or Chaplain. At an appropriate time (to be determined by the staff) the cadet may contact their Parent/Guardian. Calls will be limited to a maximum of 10 minutes. Depending upon the circumstance, a senior member may contact the Parent/Guardian earlier to review the situation.

SEARCHES

Upon a cadet's arrival at encampment, the cadet's luggage and any other belongings will be checked to insure that no Prohibited Items have been brought to the event. It may be necessary to perform an additional search if it is suspected that items that are detrimental to safety or privacy have been brought to the event. If an additional search of the cadets property is to be conducted after the Initial Check In at encampment, the cadet will be informed of the need for the search, will be allowed to be present during the search, and may request that another CAP member of his/her choice (Senior or Cadet) be present during the search. Your signature on this form signifies consent to perform an additional bag check.

SENDING A CADET HOME

Rarely, circumstances will require that a cadet be asked to leave an encampment. Parents and/or Guardians must be available so they can be contacted in case of any problems arising at the CAP event. If the Parent or Guardian is unavailable by phone or are unable to pick up the cadet, the Parent or Guardian will designate other adults authorized to make decisions about the care of the cadet in their absence, and who will be responsible for picking up the cadet at the event. The contact information for the designated adult must be supplied on this form.

The following procedures will be followed when a cadet must be sent home:

- Parent or Guardian, or other authorized adult will be notified of the problem requiring the cadet to leave the event, and be instructed to come and pick up the cadet. This call will be placed prior to the cadet speaking to the parents. Cadets must be picked within 24hrs and at parent expense. **Refund of encampment fees will be forfeited.**
- The cadet will be allowed to speak with his/her Parents or Guardian.

- The cadet will immediately cease participating in all encampment activities.
- CAP will safeguard the cadet at the encampment location (with at least two escorts) until the Parent or Guardian arrives to pick up the cadet.

ACCEPTANCE AND APPROVAL OF CIVIL AIR PATROL EVENT REQUIREMENTS:

I have read the preceding information regarding participation in the following Civil Air Patrol event:

Name of Event: _____

Dates of the Event: _____

I understand, accept, and agree to abide by the procedures relating to Prohibited Items & Searches. I agree that I will not allow my cadet(s) to take "Prohibited Items" to the event, and I consent to a search of my cadet's property at the event under the conditions set forth in this document. Additionally, I understand, accept, and agree to abide by the procedures set forth in this document. I specifically authorize the members of Civil Air Patrol, to safeguard my cadet(s), in accordance with LA WG, Encampment or NHQ guidelines/regulations until I am able to arrange pick up of my cadet(s).

Date: _____

Signature of Parent and/or Guardian

Printed Name

I have read and fully understand the requirements of Louisiana Wing, Civil Air Patrol with regard to bringing Prohibited items to the event and with regard to actions which will be taken if I must be sent home.

Date: _____

Signature of Cadet

Printed name of Cadet

DESIGNATION OF PERSON(S) TO PICK UP MY CADET

If I cannot be contacted in an emergency or in case my cadet(s) needs to be picked up from the above Civil Air Patrol event, I authorize the following person(s) to be notified of any problems relating to my cadet(s) at the event, to pick up my cadet(s) from the event, and to act on my behalf with regards to my cadet(s).

Designated Person(s): _____

Address: _____

Telephone & e-mail address: _____

Date: _____

Signature of Parent and/or Guardian: _____

Printed Name: _____

Dear Encampment Parent(s)/Guardian(s):

Your Cadet is preparing to embark on a unique experience—the Louisiana Wing Basic Encampment. Your Cadet, along with every other Cadet in attendance, will be supervised, trained, and monitored by veteran members of Civil Air Patrol. Our host facility, Camp Minden will provide lodging, meals, and some activities. Cadets will rise early in the morning and prepare for a uniform inspection and a room inspection. They will march out for morning formation at 0600 (6:00 am civilian time, but your Cadet knows how to tell military time) along with every other member of the Encampment. They will eat their meals in the same facility as active duty personnel in the United States Air Force (USAF). Their days will be filled with training in drill and ceremony, military customs and courtesies, and the missions of both CAP and the USAF. By the time lights-out comes at 2200 (10:00 pm), they will welcome the chance to sleep. The next day will begin at 0530 (5:30 am) and will bring another work-filled adventure.

For some of you as parents, this will be the first time your Cadet has been away from home for more than one night. In past over-night adventures away from you, your Cadet was probably under the supervision of a person or persons you know well and trust implicitly. Your concerns for your Cadet's safety and well-being were few, if any. What follows are some of the questions we have answered over the years from parents of Cadets. Please read the questions and answers carefully, since they may relieve any apprehensions you may have about allowing your Cadet to participate in Encampment.

How will I know that my Cadet has arrived and is okay?

One of the first orders of business at Encampment for your Basic Cadet (first time Encampment Cadet) is to send you a post card or phone call. We cannot guarantee that it will say anything more than, "I'm here!" but you will at least know that your Cadet arrived safely. Your Cadet will also have some personal time each evening, generally between 2100 (9:00 pm) and 2200 (10:00 pm). During that time, they might choose to phone you. The Encampment cannot absorb the cost of phone calls home. Please provide your Cadet with a calling card or permission to call you collect. (Do not send a cell phone. It will be confiscated and returned at the end of the Encampment.) It has been our experience that even the most home-sick Cadet "gets over it" by the end of the second day of training and seems to forget the phone calls.

You have the emergency phone numbers for my Cadet. What if an emergency occurs at home and I need to contact my Cadet? Is there a number where I can reach the Encampment?

Emergency telephone numbers will be provided on the encampment website. These numbers are for **genuine emergencies only**. The Encampment staff are very busy for the entire activity, so please restrict your calls.

It is really hot in the summer, and I am concerned about the effects of the heat on my Cadet. What are the plans for helping him/her cope with the heat?

The safety of all participants is paramount in the conduct of all activities at Encampment. The staff are trained to look for the effects of heat, stress, and fatigue. The Encampment has a qualified medical officer and access to a medical treatment facility if needed. It is extremely important that you provide the Encampment with the most recent medical information on your Cadet. One of the most important things the Encampment Staff needs to know is any history of heat-related medical treatment your Cadet may have received. Many people are not aware that each heat-related incident decreases an individual's tolerance to heat. Heat is usually a governing factor in the duration and the type of training conducted. As the heat index increases, outdoor activity decreases, in accordance with USAF standards.

What can I do to prepare my Cadet to cope with the heat during Encampment?

The greatest danger from the heat comes in the form of dehydration. During extreme conditions, USAF standards call for personnel to consume as much as one quart of water per hour, with frequent breaks depending on the activity. To prevent any heat related incidents a hydration plan is in place for Encampment. Water consumption of each participant will be closely monitored to assure they are drinking enough. If your Cadet is accustomed to drinking soda rather than water, do your best to encourage water instead. Maintaining proper hydration is an on-going process. Your Cadet cannot wait

until Encampment to begin hydrating. For a full week before arrival, your Cadet should drink at least 18 ounces of water at each meal, as he/she will be required to do at Encampment. The best way to prevent a need for medical treatment for dehydration is to encourage your Cadet to begin drinking water regularly. The only negative side effect of this preventive measure might be more frequent visits to the bathroom.

One of the most important items on your Cadet's list of supplies is a canteen! This is a must-have item! It must be a military style canteen worn on a web belt around the waist. Check the sporting goods/camping equipment sections of department stores. Sporting goods retailers also carry these types of items. Cost varies among retailers but should not exceed \$10.00-\$20.00. If there is a "military surplus" style store in your area, check there, too.

The schedule sounds busy. Is there any danger of my Cadet not getting enough rest and becoming exhausted? What is the best thing to do to prepare my Cadet for the rigors of Encampment?

This will probably be the most intense week your Cadet has ever experienced, physically, mentally, and emotionally. You can help your Cadet prepare for Encampment by doing several things. If your Cadet is used to sleeping in (anytime beyond 0700/7:00 am), begin getting him/her up earlier. Wake-up for Encampment is no later than (NLT) 0530 (5:30 am). Training days are long, with no opportunity to nap, much less sleep in. Fatigue can be reduced with adequate rest. Lights-out means Cadets are in bed and ready for sleep. Much of our activity at Encampment revolves around training provided by USAF personnel at BAFB, so our schedule must align with their duty schedule. Cadets who sleep in until the morning they leave for Encampment generally struggle with fatigue all week long. It is recommended that the Cadet begins rising NLT 0600 (6:00 am) and retiring NLT 2100 (9:00 pm) for the week prior to arriving.

What about food? What kind of meals will be served? Will he/she get enough to eat?

Encampment participants will dine in the same USAF / Army dining facility as our Army/BAFB host personnel. Menus will be varied, but will always include well-balanced meals. Milk and other dairy products are restricted to prevent digestive problems related to the strenuous level of activity and the heat. If your Cadet is used to eating more than two meals a week from "fast food" outlets, begin monitoring and encouraging them to eat more vegetables and fruit. Cadets are encouraged to eat as much as they need to maintain their energy level and their food intake is monitored. Remind your Cadet to eat all he or she takes. Cadets experiencing military dining and food for the first time are sometimes reluctant to eat food prepared differently from home. Once the reality of no-food-until-the-next-meal sets in, they sometimes take more than they can eat. The military adage is, "Take all you want, eat all you take."

Now that I know that my Cadet will get enough to eat and drink and will get enough rest, what happens if my Cadet needs medical attention?

The Encampment is a carefully planned and executed activity, and the safety of all participants is paramount. However, illness or injuries can occur. The medical information requested in the application packet is vital should your Cadet need medical attention during encampment. Phone numbers are also vital information, including the family physician's. Please be assured that no risks will be taken when it comes to the health, safety, and well-being of participants. Should your Cadet require medical attention beyond the occasional blister, headache, or stomachache, an Encampment Senior Staff Member will notify you immediately. The judgment to seek further medical attention is made by the Encampment Medical Officer. The person contacting you may be the Medical Officer, but since he/she will be accompanying your Cadet to the medical facility, it will probably be another Senior Staff Member. You will be given the reason for seeking medical attention, the current condition of your Cadet, and a telephone number where you can reach the medical facility treating your Cadet.

What about medication? If my Cadet takes medication, what should I send?

It is imperative that any medication, prescribed or over-the-counter, be documented on the application packet's medical section. Use additional pages if necessary. Medication must be sent in original containers that identify the content and dosage. You must also include the reason for the medication. This is especially important for prescription medications but is also important for over-the-counter

products, too. You must disclose all medications your Cadet is taking and the reasons for the medications. Cadets arriving with undocumented medications, even over-the-counter medication, will not be registered and will be required to make arrangements to return home!

Note: Medications will remain with your cadet and will be their responsibility to take the medications as stated on the original container. Make sure your cadet understands his/her responsibility on self-administering of medication. **Cadets MUST have a signed parent letter for self medication.**

What about my Cadet's right to privacy about medical treatment? How will that be protected?

The medical information requested is intended solely for the well being and safety of your Cadet. The medical information will be given to the Encampment Medical Officer and will be kept in a secure place. No one else at the Encampment will have access to this information. The information is solely for the benefit of your Cadet if he/she is taking medication or of it becomes necessary to seek medical treatment away from the Encampment. This information will be shared on a "need-to-know" basis only.

What else can I do to help ensure that my Cadet has a successful Encampment?

You and your Cadet should review the Encampment Guide together. Make sure both of you understand what is required to fully participate. The Guide is pretty straightforward. It tells what to bring as well as what not to bring. Uniform requirements and clothing needed are clear-cut. The Guide is a compilation of many years of learning by Staff Members and it will answer most, if not all, of your questions. The Guide has suggestions for packing and a departure and a return checklist. Please impress on your Cadet the importance of using this checklist when packing to go to Encampment and when packing after Encampment to return home.

Speaking of the uniforms and the checklist in the Encampment Guide, I looked all over for brown or drab t-shirts and I can't find them anywhere. What can I do to make sure my Cadet has the right t-shirts?

Vanguard is the best place to buy the brown or Sandstone T-shirts for the BDUs/ ABUs. Sporting goods or outdoor outfitters may have them, too. If neither of these is an option for you, simply dye white t-shirts to come close to the brown color on the camouflage uniform (BDU). Many parents have done this in the past and have been quite successful.

This is only one of the many questions parents have about uniform requirements before every Encampment. If you have questions about any aspect of Encampment, you should first ask your Cadet's Squadron Commander. She/he is your first line source of information. If the Commander does not know the answer, you should be referred to someone who does.

I would like to visit the Encampment. Are there provisions for visitors during the Encampment?

As we discussed earlier, the Encampment schedule is filled from Reveille (wake-up) to Taps (lights-out). The schedule does not allow time for visits from families and friends of Encampment participants, including the Encampment Staff. On the closing day of the Encampment, parents and friends are encouraged to attend the "Pass and Review" ceremony and the Graduation Ceremony the location and time will be posted on the encampment website.

Base security is currently in a heightened state. Access to Camp Minden & BAFB is restricted to those who have official business on the base. The security checkpoints at each entrance will have documentation that your Cadet is in attendance at the Encampment and should allow you access to the Warrior Center. Your party may be requested to provide identification before access to the base is granted, so be prepared with your driver's license or some other form of identification.

What happens if my Cadet arrives at Encampment but decides that he/she would rather not stay?

First, make sure that your Cadet is enthusiastic about participating in and completing Encampment. You should talk to his/her Squadron Commander about Encampment. Have him/her talk to other Cadets who have been to Encampment. These are all sources about the “real world” of Encampment. If your Cadet is in the least bit unsure about attending, do not send him/her. If at any point during the Encampment your Cadet says he/she wants to leave, he/she will be allowed to call you to make arrangements to return home. At that point, the Cadet will be required to prepare his/her gear for the return trip. He/she will be removed from the flight and assigned a secure area to wait for transportation from the Encampment. Remember there are no refunds.

Encampment is a unique experience. Your Cadet will forge friendships that might last a lifetime. Your Cadet will gain experiences in team building, problem solving, and the importance of working as a team that will serve him/her well in any career choice he/she might make. Your Cadet will come home “different” from the person you sent. Our Encampment Staff is experienced, motivated, dedicated, and well trained to guide your Cadet through a meaningful Encampment. You can do your part to help us by following the suggestions we have given you to prepare your Cadet.

Dismissal from Encampment: If your cadet is dismissed from Encampment due to disciplinary action, it will be the parents responsibility to pick up their cadet within 24 hours at the encampment site. Cost to and from the encampment will be the responsibility of the parents. No refunds will be given.