



CIVIL AIR PATROL
New York Wing Leadership Encampment

Cadet Permission to Self-Medicate

Date _____

Cadet's Name: _____

has been instructed in the proper use of the following medication procedures:
(List all prescription medications being brought to the encampment)

(Mark any over-the-counter medications being brought to the encampment.)

Benadryl	<input type="checkbox"/>	Ibuprofen	<input type="checkbox"/>
Other Antihistamines (e.g. Claritin)	<input type="checkbox"/>	Acetaminophen	<input type="checkbox"/>
Cough & Cold Products	<input type="checkbox"/>	Aspirin	<input type="checkbox"/>
Antacids	<input type="checkbox"/>	Midol	<input type="checkbox"/>
Pepto-Bismol	<input type="checkbox"/>	Inhalers/diabetic supplies	<input type="checkbox"/>
Emetrol	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Imodium	<input type="checkbox"/>		
Vitamins/Supplements	<input type="checkbox"/>		

I request that the cadet named above be permitted to carry the medication on their person or to keep same in their luggage, as I consider the cadet responsible. The cadet has been instructed in and understands the purpose and appropriate method and frequency of use. All medications have been labeled with the cadet's name.

I have read and understand CAPR 160-2 Handling of Cadet Medications.

Signature of Parent or Guardian

- **Please pack all medications in a bag with this release (labeled with cadet's name).**
- **Any medications not listed will be confiscated for the duration of the encampment.**
- **Do not send more medication than is needed for the length of the encampment.**
- **Prescription medications must be in original containers.**
- **CAPR 160-2 can be found on the Parent's page at <http://encampment.nywgcadets.org/>.**

PLEASE BRING THIS FORM TO ENCAMPMENT IN PROCESSING