HEADQUARTERS
PENNSYLVANIA WING CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
BUILDING 3-108
FORT INDIANTOWN GAP
ANNVILLE, PA 17003
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MEDICAL EMERGENCY PARENTAL CONSENT FORM

(Please print unless otherwise indicated.)

I, _____, parent/guardian of _____.

[initial *one* of the following three paragraphs:]

(___) **grant** permission, in my absence, for the Group Leader/Chaperone of the Civil Air Patrol Cadet Program, to obtain and authorize any necessary emergency medical treatment and/or surgical procedures, as well as medical diagnostic evaluations regarding the child named on this consent form, **without any exceptions or exclusions**, and agree to be financially responsible for the cost of any such treatment, procedures or evaluations.

(___) **grant** permission, in my absence, for the Group Leader/Chaperone of the Civil Air Patrol Cadet Program, to obtain and authorize any necessary emergency medical treatment and/or surgical procedures, as well as medical diagnostic evaluations regarding the child named on this consent form, **with the following exceptions or exclusions**:

_____. I agree to be financially responsible for the cost of any treatment, procedures or evaluations *not* listed above as exceptions or exclusions.

(___) do **not** grant permission, in my absence, for the Group Leader/Chaperone of the Civil Air Patrol Cadet Program, to obtain and authorize any necessary emergency medical treatment and/or surgical procedures, as well as medical diagnostic evaluations regarding the child named on this consent form.

Date:_____ _____
Signature of Parent or Legal Guardian

Date:_____ _____
Signature of Adult Witness