



HEADQUARTERS MOWG CADET TRAINING GROUP
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
PO BOX 5044
WHITEMAN AFB MO 65305

15 April 2022

Dear 2022 Missouri Wing Encampment Applicants,

Thank you for applying as a student for the 2022 Missouri Wing Encampment (Cadet Training Group). Below you will find instructions on how to submit your application for this year's encampment as well as other important details. The 2022 Missouri Wing Encampment is planned to be held from 16 July – 23 July, 2022 at the Missouri Military Academy in Mexico, Missouri. Please share this letter with your parents as there is a lot of important information included.

FORMS/APPLICATIONS

Attached with this letter you will find several forms in which need to be completed by you as the attendee. The following forms **MUST** be completed:

- *Application for Encampment/Special Activity* (CAPF 60-81)
- *CAP Member Health History Form* (CAPF 160)
- *Emergency Contact Information* (CAPF 161)
- *Over the Counter (OTC) Medication Administration Form* (CAPF 163)
- Missouri Military Academy Hold Harmless Agreement

Please complete these forms in their entirety. We also ask that you please print legibly. Applications submitted that are illegible will be returned to the applicant for resubmission. Please enlist the assistance of your Squadron Commander or Deputy Commander for Cadets if you have any questions. Submit your completed application to your Squadron Commander for review and their signature. Squadron Commanders or Deputy Commander for Cadets should be the only ones forwarding signed applications to the Encampment Cadre. Squadron Commanders and Deputy Commander for Cadets are requested to forward signed applications to the Encampment email address at encampment@mowgcap.org. Once an application has been processed, the student will receive an email from the Encampment Cadre confirming the receipt.

If you are applying from outside of Missouri Wing, please follow the procedure listed above, as well as notify your Wing Director of Cadet Programs of the intent to attend our activity. If your Squadron Commander or Wing Director of Cadet Programs has any questions on the process or need additional information, they are welcome to contact the Encampment Executive Cadre at the above listed email.

Please note that Wing Commander signature is NOT required on the CAPF 60-81 UNLESS SPECIFICALLY REQUIRED BY YOUR WING.

ARRIVAL

Student arrival is scheduled for Saturday 16 July 2022 from 1300 (1pm) until 1500 (3pm). Students are requested to eat lunch prior to arrival as dinner will be the first meal provided later in the evening. Students are expected to arrive in the Airman Battle Uniform (ABU). Additional information regarding building location and other important items will be sent out to students in the days prior to the activity. Furthermore, Encampment Cadre members will be located around the campus to assist with in-processing the student. ***Please note: Students are expected to conform to grooming standards listed in CAPR 39-1 upon arrival at the activity. Students who do not meet grooming standards will be given an opportunity to correct the grooming standard violation prior to checking in. If the student refuses to fix the violation, the student will not be allowed to in-process and be sent home from the activity WITHOUT refund.***

CADET DISMISSAL

In the event that a cadet is dismissed due to health or behavior reasons, the cadet's parents and/or Squadron Commander will be contacted and responsible for picking up the cadet within 24 hours. Parents and Squadron Commanders should ensure a plan is in place to pick up their cadet in the event of dismissal.

COVI-19 MITIGATION

Mitigation efforts will be in place in regards to COVID-19. Due to the ever changing guidance from the Centers for Disease Control and Prevention and National Headquarters Civil Air Patrol, policies, recommendations, restrictions, and preventative measures pertaining to the activity will not be announced until closer to the activity. All attendees will receive details prior to the start of Encampment.

EMERGENCY CONTACTS

The emergency contacts for the week are Encampment Commander, Lt Col Mike Toedebusch – (636) 299-2353, and the Deputy Commander for Support, Major Adam Daubach – (636)448-9674.

HIGH ADVENTURE ACTIVITIES

During Encampment, cadets will be participating in High Adventure Activities. Release for such activities is included on the CAPF 60-81, *Application for Encampment/Special Activities*.

MEDICATIONS

Cadet's using medications should bring their medications to the activity and report them upon in-processing. All medications must be authorized on the CAPF 163, *Permission for Provision of Minor Cadet Over-the-Counter Medication*. Cadets are responsible for taking their medications at the appropriate times. Cadets will bring any prescription, non-prescription, or herbal medications to the activity in the original containers in which the medication was dispensed. Prescription medication **MUST** contain the following information: name of the prescribing physician, the name and telephone number of the dispensing pharmacy (if applicable), the name of the recipient of the prescription, and any other applicable dosing instructions. Non-prescription and herbal medications must have dosing instructions specified on the bottle and in the application materials, as well as be labeled with the cadet's name. Please refer to CAPF 163 for further details. **Cadets will not share medications with other cadets. Doing so will result in dismissal from the Encampment and the possible contact of law enforcement. Furthermore, medications not listed on the medication form will be confiscated during in-processing. If medication needs change**

between the time the application was submitted and arrival to the activity, cadets should hand carry an updated CAPF 163 to the activity.

PACKING LIST

The packing list covers what items you will need for Encampment. It is imperative that you bring exactly what is listed and in the quantities listed. Do not bring extra items unless it states to do so. If you have any questions regarding the list, please contact the Encampment Executive Staff via email at encampment@mowgcap.org.

CELL PHONES

Students will not be allowed access to their cell phones during the Encampment. Cell phones will be collected during in-processing and stored in a secure location throughout the activity. Students will have their cell phones returned to them at the conclusion of the activity while out-processing.

VISITORS

Visitors are not allowed on campus during the Encampment, with the exception of Pass in Review.

PASS IN REVIEW

At this time, Pass in Review is planned for Saturday 23 July, 2022 at 1600 (4pm). The activity is open to family, friends, and other squadron members of those students and cadre attending the activity. Additional information pertaining to where Pass in Review will be held on campus, and information on out-processing, will be sent during the activity to the email address listed on file at the time of registration. Furthermore, family, friends, and squadron members are encouraged to follow the Encampment's Facebook page to ensure the information is obtained.

PHOTOS / SOCIAL MEDIA

We are unable to guarantee the amount of photos posted during Encampment. Families are encouraged to follow the Encampment's social media pages (listed below) for live feeds and photos throughout the week. A bulk photo upload will be completed after the activity. Photos will be able to be viewed from the Cadet Training Group webpage (listed below).

- Facebook
 - <https://www.facebook.com/missouriwingencampment>
- Instagram
 - @mo_wing_cadet_training_group
- Website
 - <https://www.ctg.mowgcap.org>

WEATHER

July in Missouri is always hot and humid. While some classes will be indoors, there will be a lot of time spent outside. Start to acclimate yourself now! Spend time outside, drink lots of water, and begin to reduce the intake of sugary or caffeinated drinks. You'll be grateful you have prepared.

Encampment is designed to be a challenging and rewarding activity in the development of leadership in a cadet's career. It is your responsibility to learn all you can during the week. Congratulations for taking this step in advancing your education and training.

The Encampment Cadet and Senior Cadre look forward to receiving your application and having you at this year's Encampment.

Respectfully,

//SIGNED//

Mike Toedebusch, Lt Col, CAP
Encampment Commander

//SIGNED//

Quinn Evans, Captain, CAP
Commandant of Cadets

//SIGNED//

Adam Daubach, Major, CAP
Deputy Commander for Support

2 Attachments:

1. Application Forms Package Containing:
 - a. CAPF 60-81, *Application for Encampment*
 - b. CAPF 160, *CAP Member Health History Form*
 - c. CAPF 161, *Emergency Contact Information*
 - d. CAPF 163, *Permission for Provision of Minor Cadet Over-the-Counter Medication*
 - e. Missouri Military Academy Hold Harmless Agreement
2. Packing List

APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY					
Name (Last, First, Middle Initial)		CAPID	CAP Grade	Gender	
Member Type		Charter No. (e.g. GLR-MI-059)	Grade in School	Religious Preference	
Address (Include No., Street, City, State and Zip Code)			Home Phone Number	Cell Phone Number	
			E-Mail Address		
Date of Birth (mm/dd/yy)	Shirt Size	Height (Inches)	Weight (Lbs)	Hair Color	Eye Color
Title of Activity 2022 Missouri Wing Encampment		Location of Activity Missouri Military Academy		Activity Dates 16 July 2022 – 23 July 2022	
Staff Position(s) Sought					
Emergency Contact Information					
(Primary Contact) Name (Last, First, Middle Initial)			Relationship	Primary Phone Number	
(Secondary Contact) Name (Last, First, Middle Initial)			Relationship	Primary Phone Number	
RELEASE AGREEMENT					
<p>KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:</p> <ol style="list-style-type: none"> 1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or 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 residence for an extended period of time. 5. Remaining with the cadet group I am assigned to at all times during the activity or encampment. 6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment. 7. Refraining from argumentative discussions concerning governmental policies. <p>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 said activity/encampment or activities/encampments, 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 activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.</p>					
_____			_____		
Date			Signature of Applicant		

Name (Last, First, Middle Initial)	Title of Activity	
<p>RELEASE BY PARENTS OR GUARDIAN KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or 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 activity/encampment or activities/encampments, 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 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 activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:</p> <ol style="list-style-type: none"> 1. Is my minor child or ward. 2. Has no history or 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., activity project officer or 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 project officer, encampment commander or activity directory at my expense. <p>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 the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.</p> <p>_____ Date _____ Witness for Father's Signature _____ Father or Legal Guardian</p> <p>_____ Witness for Mother's Signature _____ Mother or Legal Guardian</p>		
<p>Squadron Certification. (Squadron Commander's signature is not necessary if the activity is approved in eServices or if it is a squadron activity.) I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates.</p> <p>_____ Date _____ Squadron Commander</p>		
<p>Group Certification. (Group Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the group.)</p> <p>_____ Date _____ Group Commander (or designee)</p>		
<p>Wing Certification. (Wing Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the wing.)</p> <p>_____ Date _____ Wing Commander (or designee)</p>		

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 (Last, First, Middle)			Grade	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

EMERGENCY INFORMATION				
(Insurance/Physician Information, Emergency Contacts, Minor Consents)				
Name (Last, First, Middle)		Grade	CAPID	Charter Number
Mailing Address (Number and Street)		City	State	Zip Code
(Area Code) Home Phone		(Area Code) Cell Phone		
Primary Insurance Information (Please attach copy of insurance cards, front and back)				
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			(Area Code) Phone	
Mailing Address (Number and Street)		City	State	Zip Code
Emergency Contact (Parent, guardian or closest relative to be notified in case of emergency)				
Name			Relationship to Applicant	
Mailing Address (Number and Street)		City	State	Zip Code
(Area Code) Pager	(Area Code) Cell/Mobile Phone	(Area Code) Day Phone	(Area Code) Night Phone	
Unit Commander Name and Grade		Unit Name		
(Area Code) Unit Commander Day Phone		(Area Code) Unit Commander Night Phone		

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 (Last, First, Middle)	Grade	CAPID	Charter Number														
<p style="text-align: center;">Over-The Counter/Non-Prescription Medications</p> <p>The following over-the counter medications may be administered according to package directions by CAP senior members. Cross out any medications not approved.</p> <table border="0" data-bbox="113 595 1461 989"><tr><td>Acetaminophen (Tylenol) for fever or pain</td><td>Visine eye drops for dry, irritated eye relief</td></tr><tr><td>Ibuprofen (Advil, Motrin) for fever or pain</td><td>Op-Con A eye drops for allergic conjunctivitis</td></tr><tr><td>Bacitracin or Neosporin antibiotic ointment to prevent infection</td><td>Benadryl liquid/tabs for allergic reactions</td></tr><tr><td>Hydrocortisone anti-inflammatory rash cream</td><td>Claritin antihistamine for seasonal allergies</td></tr><tr><td>Calamine/Caladryl for poison ivy itch relief</td><td>Robitussin products for relief of cough and cold symptoms</td></tr><tr><td>Antifungal creams and sprays for treatment of fungal rashes</td><td>Delsym to suppress cough</td></tr><tr><td></td><td>Tums or Maalox for relief of stomach upset</td></tr></table>				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
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	Tums or Maalox for relief of stomach upset																
<p style="text-align: center;">Allergies</p> <p>My child/ward has the following allergies or reactions to over-the-counter medications (list type of reaction):</p>																	
<p style="text-align: center;">Consent For Minor Cadet To Receive Over-The-Counter Medications</p> <p>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.</p>																	
Date	Signature of Parent/Guardian																