

**MO-149 PARENTAL/GUARDIAN CONSENT FOR A CADET TO PARTICIPE IN A
REVIEW BOARD**

REVIEW BOARD		DATE
PERSONAL INFORMATION		
CADET NAME	CAP GRADE	CAPSN
ADDRESS	HOME PHONE	CELL PHONE
CITY	STATE	ZIP CODE
EMERGENCY NOTIFICATION INFORMATION		
PERSON TO NOTIFY IN AN EMERGENCY	RELATIONSHIP	PHONE (WEEKDAYS)
ADDRESS		PHONE (NIGHT & WEEKEND)
PERSONAL PHYSICIAN		PHONE
PHYSICIAN'S ADDRESS	CITY	STATE & ZIP
MEDICAL DATA (ALLERGIES, DISEASES, CHRONIC ILLNESSES, MEDICATIONS, ETC.)		
<input type="checkbox"/> CHECK IF YOU HAVE NO KNOWN MEDICAL DATA TO REPORT.		BLOOD TYPE:
CIVIL AIR PATROL UNIT INFORMATION		
UNIT CHARTER NO. MO-149	UNIT NAME CASS COUNTY COMPOSITE SQUADRON	UNIT LOCATION (CITY & STATE) HARRISONVILLE, MO
UNIT COMMANDER'S NAME Tony D. Belto	CAP RANK Maj	PHONE (WEEKDAYS) 816-308-3267
ADDRESS 208 W. PEARL ST., HARRISONVILLE, MO 64701		PHONE (NIGHT & WEEKEND) 816-331-2305
As parent or guardian, I hereby authorize my son/daughter to participate in the review board process. And attest to the fact that my son/daughter is maintaining a good academic standing and is not failing any subject. Moreover, that you believe your son/daughter is capable of handling more responsibility.		
PARENT OR GUARDIAN SIGNATURE		DATE
PRINTED NAME OF PARENT OR GUARDIAN		
FLIGHT COMMANDER OR SERGEANT AUTHORIZATION: I CERTIFY THAT THIS CADET HAS COMPLETED THE REQUIRED FORMS AND TRAINING AND HAS MY PERMISSION TO PARTICIPATE IN THIS REVIEW BOARD.		
FLIGHT COMMANDER OR FLIGHT SERGEANT SIGNATURE		DATE
PRINTED NAME OF FLIGHT COMMANDER OR FLIGHT SERGEANT		

*PARENTS OR GUARDIANS AND CADETS SHOULD BE AWARE OF THE FOLLOWING INFORMATION:
IF YOU CANNOT MAKE IT FOR ANY REASON, PLEASE NOTIFY YOUR CHAIN OF COMMAND IMMEDIATELY!*

LOCATION: MO-149 HQ

TIME: 1ST-4TH TUESDAYS 5:30 PM-6:30PM

MO-149 Review Board Consent Form

Nov 2008