

Louisiana Boys State | Medical Form and Waivers**TO BE TURNED IN AT BOYS STATE REGISTRATION AT NORTHWESTERN**

This form must be completed in full not more than 90 days prior to the start of Boys State. Any participant ("Citizen") who arrives without a completed Medical certificate will not be allowed to participate in the program until the completed form is submitted. Boys State by nature is strenuous, both physically and emotionally. Therefore, the ability to cope adequately with these conditions should be seriously considered when completing this statement.

MEDICAL INFORMATION**TO BE COMPLETED BY PARENT/GUARDIAN: (Please print or type)**

Boys State Citizens Name: _____ D.O.B. (mm/dd/yyyy): ____/____/____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Parent/Guardian 1 Phone Home: ____ - ____ - ____ Parent/Guardian 2 Phone Home: ____ - ____ - ____

Work: ____ - ____ - ____ Work: ____ - ____ - ____

Cell: ____ - ____ - ____ Cell: ____ - ____ - ____

Parent/Guardian email: _____ Alternate email: _____

Physician's Name: _____ Physician Phone: ____ - ____ - ____

Alt. Emer. Contact: _____ Relationship: _____

Alternate Contact Phone Home: ____ - ____ - ____ Work: ____ - ____ - ____ Cell: ____ - ____ - ____

Past Illnesses: (Please check)

<input type="checkbox"/> Measles	<input type="checkbox"/> Small Pox	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Mumps	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Hepatitis – if yes, type _____
<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Ear, Nose, Throat Problems – If yes, describe: _____	

PRESENT STATE OF HEALTH: (Please check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Emotions Problems
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Ulcer	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> ENT Problems	<input type="checkbox"/> Drug Problems

Other physical conditions or hearing impaired: _____

Current medications: dosage & frequency: _____

List medication-requiring refrigeration: _____

Allergies: include drug, food, other: _____

Dietary Restrictions (special diets): _____

Physical limitation (glasses, contacts, prostheses, etc): _____

Date of last tetanus vaccination: _____

CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

This will certify that I am the parent(s) or legal guardian(s) of _____ who is _____ years of age. In the event that my son becomes a participant of the American Legion Louisiana Boys State program, to be held in Natchitoches, Louisiana on the campus of Northwestern State University, I hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician(s), including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services. Permission is also granted for minor treatment, including the use of first aid medications and over the counter pharmaceuticals to be given by the Boys State Staff and/or program nurse. I understand that in the event of an emergency, every attempt possible will be made to contact the parent/guardian of the program participant.

INSURANCE INFORMATION

Medical Insurance Provider Name: _____

Provider Mailing Address: _____

Policy Identification Number: _____

Person to whom policy was issued: _____

PLEASE ATTACH COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM.**2022**

INFORMATION USE DISCLOSURE

In compliance with Health Insurance Portability Act of 1996 (HIPPA) and the Federal Privacy Act of 1974, the American Legion Louisiana Boys State program recognizes that private information cannot be used or disclosed except as described. This includes such information or names, addresses, phone numbers, fax numbers, e-mail addresses, and health information about staff members and youth program participants. The intended uses of the information collected at Boys State are described below:

Purposes:

1. To facilitate emergency health care, if needed, with prior permission of the parent/guardian.
2. To register and process lists for participants ("citizens") of Boys State.
3. To facilitate housing lists for Boys State staff members and Northwestern State University.
4. To provide a directory of Boys State staff members and citizens.

Access:

1. American Legion Event Planning Staff, Boys State Chairman and Boys State Program Staff.
2. Basic contact information via the directory of Boys State citizens.

On Site Storage:

Information will be secured and accessible only to members of the American Legion and Louisiana Boys State Staff/Counselors.

Retention of Records Policy

All documents relating to Louisiana American Legion Boys State will be maintained for a minimum of one (1) year from the date of creation. After this period has lapsed, the Louisiana Department of the American Legion will shred all of the documents.

I have received and read the required Health Insurance Portability Act of 1996 (HIPPA) Notice of Private Practices as provided above. This notice includes procedures that will be taken to assure that all health-related information is kept confidential and protected.

WAIVERS AND CONSENT

There are many opportunities for pictures to be taken at the Louisiana American Legion Boys State Program. This may include pictures and video taken by visiting press, Boys State staff/counselors, University staff, and/or other Citizens and presented in a variety of media including print, broadcast, or online. Therefore, I give my permission for my son's/ward's picture and/or name to be used in regard to the Louisiana American Legion Boys State program.

I understand and confirm that participation in the American Legion Boys State program is voluntary and hereby consent and grant permission for my son/ward to participate in all activities in conjunction with this program. I further understand that my son's/ward's participation may involve risk of injury or loss, both to person and to property. On behalf of my child/ward, I assume all risks in any way connected with said participation and I accept personal responsibility for any liability, injury, loss, or damage in any way connected with said participation.

This will further certify that I, the undersigned, in consideration of the benefits and opportunities derived by my son/ward who is a participant of the Louisiana American Legion Boys State program to be held at Northwestern State University in Natchitoches, Louisiana and having activities on the Northwestern State University Campus, do hereby release and discharge the American Legion, its officers, agents, staff and employees from any and all claims, demands, suits, actions, or course of action which may can, or shall have reason of illness, injury or accident incurred or suffered by said son/ward while in attendance of said American Legion Louisiana Boys State, and that the provision of such insurance in my own personal responsibility.

In addition, I certify that my son/ward and I have read, agreed to, and signed Northwestern State University's and the program's Anti-Hazing Policy. My son/ward and I have also reviewed and agreed to abide by the Louisiana American Legion Boys State Code of Conduct and Important Points to Remember for Citizens as distributed to each Boys State Citizen by the Boys State District Chairman and signed separately.

Finally, I do hereby certify that the information provided on pages one (1) and two (2) of this form is true and correct to the best of my knowledge.

Printed name of Boys State Citizen

Printed Name of Parent/Guardian

Signature of Boys State Citizen

Signature of Parent/Guardian

Date