

**Green Mountain Boys State Health Information and Release Form**

1. **Delegate's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_, VT ZIP \_\_\_\_\_  
Parent/guardian Name: \_\_\_\_\_  
Parent phone \_\_\_\_\_ Work phone \_\_\_\_\_ Parent Cell # \_\_\_\_\_  
2. **Emergency contact** person if parent/guardian unavailable: Name \_\_\_\_\_  
Best Contact # \_\_\_\_\_ Relationship \_\_\_\_\_  
3. **Medical Insurance Information:** Insurance Company Name \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**MEDICAL INFORMATION**

4. **Health Information:** Name of Physician: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
5. **Immunizations: Please attach standard Immunization Record** from delegates' local medical professional.  
**Please list the date of last vaccine:** a. Tetanus \_\_\_\_\_  
b. MMR \_\_\_\_\_ c. Meningococcal \_\_\_\_\_  
6. **Allergies:** Please list any allergies that may **significantly affect** the delegate's ability to participate:  
 Food: \_\_\_\_\_ Nut: \_\_\_\_\_ Other: \_\_\_\_\_

Please check here if delegate uses an Epi-Pen:  
Attach any other documentation you feel necessary.

7. **Medications:** Please list any medications that my son will bring to Boys' State and why: a. \_\_\_ None  
b. Name of Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_  
c. Name of Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Return to Dave Cobb, Director, Green Mountain Boys' State  
164 Calista Avenue, Lyndonville VT 05851  
DEADLINE: June 1, 2015