

## Green Mountain Boys State Health Information and Release Form

1. **Delegate's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_, VT ZIP \_\_\_\_\_

Parent/guardian Name: \_\_\_\_\_

Home 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.

**List dates 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:

Name of Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

### PARENT/GUARDIAN CERTIFICATION AND MEDICAL RELEASE

8 a. I, the parent/guardian of \_\_\_\_\_ certify that my son is in good health and is able to fully participate in all activities of the Green Mountain Boys' State program.

b. I give permission for my son to receive emergency medical/surgical treatment and hospitalization if necessary.

I understand that every attempt will be made to contact me or the emergency contact listed above before taking any medical action. I understand that I am financially responsible for any medical treatment needed during Green Mountain Boys' State, and that my medical insurance shall be the insurance coverage for any medical treatment.

c. I state that the above information is complete to the best of my knowledge, and hold harmless Green Mountain Boys' State from any claims, liabilities, judgments, or costs arising as a result of a participant's negligence or misconduct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to Dave Cobb, Director, Green Mountain Boys' State

227 Brigham Hill Road, Essex Jct. VT 05452

**DEADLINE: June 1<sup>st</sup>.**