

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, 2016