

## 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 the delegate named above 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>.**