

# American Legion Minnesota Boys State – Delegate Medical Information

Must Be Returned by May 1

Return to: Boys State, The American Legion; 20 W. 12th Street, Rm 300A; St. Paul, MN 55155-2000

Must be Signed by Parent/Guardian and attach medical insurance card in space provided below!

Please Print Clearly and COMPLETELY

Delegate's Name \_\_\_\_\_ Delegate's School/Town \_\_\_\_\_

By signing below, I acknowledge that my son has registered online per instructions provided at  
www.mnboysstate.org

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

Parent Name (Printed): \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

By signing at the bottom below, I acknowledge that I understand the program details of MN Boys State and my son has registered online under the correct sponsoring Legion Post. I/we do hereby give consent for him to participate in any physical activities involved in Boys State. I/We further consent for his picture to appear on The American Legion MN Boys State website as part of his city photograph, and any publicity materials/press release information of other group activities while at American Legion MN Boys State. I/We hereby authorize him to take part in American Legion MN Boys State, held on a state university campus and agree that he will follow all security instructions and guidelines. I/We hereby give my/our permission to extend any needed medical and hospital treatment to my/our son while attending American Legion MN Boys State at St. John's University in Collegeville, MN. I/We hereby state that our son **has undergone a complete medical physical within the last 12 months and a copy is on file at the following medical facility:**

\_\_\_\_\_  
(Name, Address, and Phone Number of Physician's Office and Attending Physician)

and that our son is free of contagious or infectious diseases. I/We hereby release and discharge American Legion Minnesota Boys State, its officers, agents, instructors and employees, from any and all claims, demands, suits, actions or causes of action which we may, can or shall have reason of any illness, injury, or accident incurred or suffered by my/our son while in attendance at said

American Legion Minnesota Boys State, no matter how caused or occasioned. Any physical or emotional condition(s) that American Legion Minnesota Boys State should be aware of was included in the online registration form.

**Medications or Medical Restrictions (including allergies or sensitivities):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(All medications will be collected and should be labeled at time of check-in and will be administered by trained medical personnel or attending physician).**

Health Insurance Information (A copy of the medical insurance card is required. Please attach it to this form)

Insurance Provider: \_\_\_\_\_

Identification Number: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**