The American Legion
Dirigo Boys State
Medical Authorization

I hereby authorize The American Legion Dirigo Boys State to consent to medical treatment for my child:

SON'S NAME:

should an emergency arise and should I not be readily available to give such consent. I will not hold The American Legion Dirigo Boys State responsible for the consequences of exercising this power, so long as such persons act in good faith with the best interest of my child in mind. I expect to be informed of my child's condition and of treatment provided as soon as possible.

I further consent to any treatment by any hospital or physician, which in their judgment is in the best interest of my child. I will not hold any hospital or physician responsible for the consequences of accepting my child for treatment upon receiving the consent of The American Legion Boys State and upon being shown this medical authorization. By consenting to treatment for my child, I also release any member of the Dirigo Boys State staff from liability for transporting my child to a medical facility. This authorization expires on June 21, 2012.

PLEASE NOTE: Are there any medical or physical conditions we should know about? If so, please indicate on the reverse side of this medical form, i.e. diabetic, any handicaps please call for special arrangements in advance.

If you have a family doctor who should be contacted, please indicate:

Doctor: Phone:

INSURANCE INFORMATION: (to be completed only if parent(s) carry a GROUP medical insurance plan.)

Name of parent(s) group medical insurance carrier:

Policy or certificate number:

Parent to whom policy was issued:

ALLERGIES:

BOYS DATE OF BIRTH:

Parent or Guardian * (mother) signature ***(father) signature***

Address: Phone:

Emergency Number(s):

Witness:

*** At least one parent/guardian must sign**

This application should be mailed to: The American Legion, Dirigo Boys State, P.O. Box 900, Waterville, Maine 04903-0900, prior to June 1, 2012. Tel: (207) 873-3229

THIS FORM MAY BE REPRODUCED