



The American Legion Department of Nevada Nevada Boys' State Publicity and Medical Release

Please print all responses:

Delegate's name: _____

Parent/Guardian Name(s): _____

Emergency Contact/Phone Number: _____

PUBLICITY RELEASE: By signing below I consent to my son's picture, sound or video recording or other likeness being used on the American Legion Nevada Boys' State website, any media now known or devised in the future without any compensation other than the training my son receives as a delegate at American Legion Nevada Boys' State. If I wish to have my son excluded from photos and other publicity, including release of delegate's names, offices, schools and home towns to media outlets, I must submit a letter stating my wishes along with a photo at least 3 x 5 inches that clearly identifies my son. Such correspondence must reach the director of Nevada Boys' State no later than the time my son arrives at the program on the campus of the University of Nevada, Reno.

MEDICAL HISTORY:

Family Doctor's Name _____ City _____ Phone _____

Is the delegate's health in general, good? _____ Is he subject to the following: (please answer yes or no to the following)

Colds? _____ Sinus Trouble? _____ Ear Trouble? _____ Cramps? _____ Fainting? _____ Convulsions? _____

Has he had: Hernia (rupture)? _____ Scarlet Fever? _____ Heart Disease? _____ Asthma? _____ Hay Fever? _____

Kidney Disease? _____ Attack of appendicitis? _____ Rheumatic Fever? _____ Infantile Paralysis? _____

Has he been exposed to tuberculosis? _____ If so, when? _____

Has he been vaccinated/immunized against:

Polio _____ When? _____ Tetanus/Toxoid _____ When? _____ Smallpox _____ When? _____

Has he been exposed to any contagious disease within the last month? _____ If so, when and what? _____

(If he becomes exposed to a contagious disease within one month of attending Boys' State, he should be cleared by a physician.)

Is he required to take any medication? _____ If so, what? _____

Does the delegate have any allergies? _____ If so, what? _____

Is there any known physical condition should be know about, or would require specific accommodations? If, so how should they be address? _____

MEDICAL RELEASE – Authorization to Consent to Medical Treatment: Past experience in the administration of Nevada Boys' State has shown that during the program some boys become ill or suffer slight injuries. In some cases, when the boy is taken to the doctor or hospital, they will not institute treatment until they receive the authority to do so from the minor's parent or guardian. A medical release for treatment is required for each boy. (As a note: S.A. Van Dyk, Inc. of Chicago, Illinois, covers Nevada Boys' State with supplementary medical insurance.)

I, _____ of _____, am the _____ having
Name Full Address Parent/Guardian

legal custody of _____, a minor born _____. I authorize the Nevada Boys'
Delegate's Name Delegates Date of Birth

State Director and/or adult members of the staff in whose care my minor has been entrusted, to consent to any medical or surgical diagnostic or treatment, and hospital care, to be rendered to the minor under the general or special supervision, and on the advice of any physician or surgeon licensed to practice in the State of Nevada.

Dated, this _____ day of _____, 2008, Signature **X** _____

Mail or Fax to :

Nevada American Legion Boys' State
P.O. Box 137
Reno, Nevada 89501

Nevada Boys' State Fax
602-636-8754
(No Cover Sheet Needed)