

New Mexico Boys' State Medical Statement

**** No Delegate, under any circumstances, will be admitted without this form. Be sure to bring it with you signed by you and your parent or guardian. This form must be notarized.****

Please type or print legibly

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____

Parent/Guardian Name: _____

Emergency Phone Number: _____

.....
DELEGATE'S STATEMENT

Have you ever had: (Check those that apply) Measles _____ Mumps _____ Chicken Pox _____
Diphtheria _____ Hernia _____ Scarlet Fever _____ Small Pox _____ Infantile Paralysis _____
Heart Trouble _____

Date: _____ Signature of Delegate: _____
.....

PARENT OR GUARDIAN STATEMENT

I certify that my son does not have any contagious diseases YES _____ NO _____

Smoking Release: I hereby grant permission for my son to smoke while on campus for New Mexico Boys' State. I understand that smoking will only be allowed at designated times and in designated areas. I release the American Legion, New Mexico Boys' State staff and all related entities from any responsibility regarding my son's smoking. Agree ____ Disagree ____ N/A ____

He can _____ cannot _____ participate in all athletic events.

Does he have any physical restrictions? _____

Is he being treated for any medical conditions(s)? YES _____ NO _____. If yes, explain on back of form.

List all current or "as needed" medications: _____

Medication Allergies: _____

Name of family Physician and/or Clinic: _____

NAME

ADDRESS

Name of Health Care Insurance Co. _____

Policy Number: _____

Please send a copy of Insurance Verification Card or statement if possible.

Boys' State insurance will cover whatever your insurance will not. If you do not have Health Care Insurance Boys' State insurance will cover him in case of accident or illness during the Boys' State session.

I hereby give my consent for Emergency or Medical treatment for my son by an accredited Hospital, Doctor, or Medical Technicain if necessary, while attending Boys' State.

I certify that the above statements are true and complete to the best of my knowledge.

Date: _____ Signature of Parent / Guardian: _____

State of New Mexico, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____

By _____

My Commission expires: _____ NOTARY PUBLIC