MEDICAL CERTIFICATE

DELEGATE NAME: _____ (Last,First,MI)
SSN: _____

DOCTOR'S NAME:

_____

DOCTOR'S ADDRESS: _____

DOCTOR'S PHONE: _____

Please note in the space below any restrictions on physical activities or exercise, and any imperative information which a caregiver would need in the event of a necessary hospital visit:

_____

_____

Please note in the space below **any/all medication** that the PARTICIPANT is presently receiving, or any special medical condition/drug precautions:

_____

_____

I CERTIFY THAT THE ABOVE NAMED DELEGATE TO AMERICAN LEGION BOYS STATE IS IN GOOD PHYSICAL CONDITION AND HAS NO CONTAGIOUS OR INFECTIOUS DISEASE OR SYMTOMS OF THE SAME.

Signature of Medical Doctor: _____

Date: _____

BRING THIS FORM WITH YOU TO REGISTRATION.

School Counselor and Local American Legion Post Authorization

DELEGATE NAME: _____ (First, M.I. Last)

COUNSELOR'S NAME: _____

COUNSELOR'S EMAIL ADDRESS: _____

STUDENT GPA: _____

STUDENT ACT SCORE (IF APPLICABLE): _____

COUNSELOR'S PHONE: _____

SCHOOL COUNSELOR: Please sign and date on the line below certifying that this student will complete his junior year by the time he attends Boys State on May 24th, 2020.

_____

AMERICAN LEGION POST #: _____

AMERICAN LEGION POST ADDRESS:

_____

POST ADJUTANT/COMMANDER: _____

AMERICAN LEGION POST PHONE: _____

Please sign and date on the line below certifying that this student has met with you (Post Commander/Adjutant) and that you approve of him attending the 2020 Mississippi American Legion Boys State Program.

_____

BRING THIS FORM WITH YOU TO REGISTRATION.

WAIVER OF CLAIM

I/WE, THE UNDERSIGNED PARENTS, SURVIVING PARENT, OR LEGAL GUARDIAN OF:

_____
NAME OF PARTICIPANT

IN CONSIDERATION OF THE BENEFITS TO BE DERIVED BY MY/OUR SON, IN THE EVENT THAT HE IS A DELEGATE OF THE AMERICAN LEGION BOYS STATE TO BE HELD IN OXFORD, MISSISSIPPI, SUNDAY, MAY 24TH, 2020 THROUGH SATURDAY MAY 30th, 2020, DO/DOES HEREBY RELEASE AND DISCHARGE THE AMERICAN LEGION, DEPARTMENT OF MISSISSIPPI, AMERICAN LEGION BOYS STATE, THE UNIVERSITY OF MISSISSIPPI, THEIR OFFICERS, AGENTS, INSTRUCTORS, EMPLOYEES, STAFF AND DIRECTORS FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, SUITS, ACTIONS, OR CAUSES OF ACTION WHICH I/WE MAY, CAN OR SHALL HAVE BY REASON OF ANY ILLNESS, INJURY OR ACCIDENT INCURRED OR SUFFERED BY SAID SON WHILE TRAVELING TO OR FROM OR DURING ATTENDANCE OR PARTICIPATION IN THE AMERICAN LEGION BOYS STATE PROGRAM FROM THE TIME OF HIS DEPARTURE FROM HOME UNTIL HIS RETURN THEREOF. I/WE ACKNOWLEDGE THAT ALL PICTURES AND VIDEOS TAKEN BY THE MISSISSIPPI BOYS STATE STAFF DURING THE DURATION OF BOYS STATE ARE THE SOLE PROPERTY OF THE AMERICAN LEGION BOYS STATE, INC. AND/OR THE UNIVERSITY OF MISSISSIPPI TO BE DISPLAYED ON THE BOYS STATE WEBSITE, FACEBOOK PAGE, TWITTER ACCOUNT, OTHER SOCIAL MEDIA ACCOUNT AND RECRUITMENT MATERIAL.

Delegate's Medical Insurance Information:
Insured:_____
Policy Number: _____
Insurance Company: _____
I understand that any injury or illness may be treated by the medical staff at the UNIVERSITY of MISSISSIPPI or by Baptist Memorial Hospital.

Signatures of Parent(s) or Guardian(s):

X_____ _____

Date: _____

NOTE: ALL PERSONS PARTICIPATING IN THE AMERICAN LEGION BOYS STATE PROGRAM ARE PROVIDED EXCESS INSURANCE COVERAGE FOR ADDITIONAL EXPENSES.