



**AMERICAN LEGION BOYS STATE OF SOUTH DAKOTA  
HEALTH RECORD/WAIVER OF CLAIM**

**IMPORTANT:** This form must be printed & filled out completely, signed and brought by the Boys Stater when registering at American Legion Boys State of South Dakota. The person in charge of registration will ask the Boys Stater for this form. **Do not pack this form in your luggage.**

**Name** \_\_\_\_\_

**First, middle initial last name (do not use nicknames)**

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent or Guardian Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

To parent or guardian: Are there any physical disorders or limitations that might handicap \_\_\_\_\_ (name of Boys Stater) while taking part in The American Legion Boys State Program. \_\_\_\_\_ If "Yes" please explain on the back of this form.

**CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES**

This will certify that we the undersigned parent(s) or legal guardian of \_\_\_\_\_ (name of Boys Stater) do, in the event that our (my) son becomes a participating member of The American Legion Boys State to be held at Northern State University in Aberdeen, SD, the dates of May 29<sup>th</sup> to June 2<sup>nd</sup> (inclusive), hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, X-ray examination or other hospital services.

**WAIVER OF CLAIM**

This will further certify that we (I), the undersigned in consideration of the benefits to be derived by our son, in the event he is a member of The American Legion Boys State of South Dakota, to be held at Northern State University in Aberdeen, South Dakota, the dates of May 29, 2017 – June 2<sup>nd</sup> (inclusive), do hereby release and discharge the American Legion, Department of South Dakota, its officer, agents; and The American Legion Boys State of South Dakota Inc., its officers and staff, of all claims, demands, damages, suits, actions of causes of action which we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said son while traveling to, attendance at or participation in The American Legion Boys State of South Dakota program from the time of his departure from home until his return thereto.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2017

\_\_\_\_\_  
Printed name and Signature of Father or Legal Guardian

\_\_\_\_\_  
Printed name and Signature of Mother or Legal Guardian

\_\_\_\_\_  
City, State and Zip Code (if different from address above)

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