

AMERICAN LEGION OF IOWA BOYS STATE

Present this completed form at Boys State Check-In in order to participate. This form must be signed by a Parent/Guardian and a copy of your medical insurance card must be attached in space provided below!

Delegate's Full Name: _____

By signing below, I acknowledge that I have read the Boys State Handbook and my son has registered online under the correct sponsoring American Legion Post. The American Legion of Iowa Boys State is scheduled at Camp Dodge (Johnston, Iowa) from June 19-24, 2022. I/we do hereby give consent for him to participate in any field trip which is scheduled as a part of the program. I/We further consent for his picture to appear in or on, but not limited to, The American Legion Boys State website, social media platforms, promotional documentaries, his city photograph, and any publicity materials/press release information or other group activities while participating during The American Legion of Iowa Boys State. I/We hereby authorize him to take part in The American Legion of Iowa Boys State program held on a military installation and agree that he will follow all security instructions and guidelines. I/We hereby give my/our permission to extend any needed medical and hospital treatment to my/our son while attending American Legion of Iowa Boys State at Camp Dodge, Iowa. I/We hereby state that our son has undergone a complete medical physical within the last 12 months and a copy is on file.

Our son is free of contagious or infectious diseases. I/We hereby release and discharge The American Legion Boys State, its officers, agents, instructors and employees, from any and all claims, demands, suits, actions or causes of action which we may, can or shall have reason of any illness, injury, or accident incurred or suffered by my/our son while in attendance at said American Legion of Iowa Boys State, no matter how caused or occasioned. Any physical or emotional condition(s) that American Legion of Iowa Boys State should be aware of was included in the online registration form.

MEDICATIONS OR MEDICAL RESTRICTIONS: _____

**All medications will be collected and labeled at time of check-in, and will be administered by a trained medical personnel or attending physician/nurse.*

Parent/Guardian Signature and Date: _____



Please attach a copy of your health insurance card in this space.