



Magnolia Girls State Participant Forms Packet

The following forms must be completed in its entirety, printed (hard copy) and presented at check-in on June 4, 2017, to the participant's assigned Senior Counselor. All forms, completed and signed, are required for participation in the 2017 ALA Magnolia Girls State session.

Notary Requirements

A Notary witness, signature and seal are required on the Consent for Medical Treatment form and the Waiver and Consent Form.

**American Legion Auxiliary Magnolia Girls State
Consent to Medical Treatment and Hospital Services**

This will certify that we (I), the undersigned parent(s) or guardian of _____ do, in the event that our (my) daughter becomes a participating member of the American Legion Auxiliary Magnolia Girls State, to be held at the University of Southern Mississippi, June 4-9, 2017, 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. Permission is also granted for minor treatment, including the use of emergency First Aid medications by the ALA Magnolia Girls State nurse.

American Legion Auxiliary Magnolia Girls State Citizen Information:

Name: _____

Date of birth: ____/____/____ (dd/mm/yyyy)

Parent/Guardian's phone, home: (____) _____

work: (____) _____ cell: (____) _____

Parent/Guardian's phone, home: (____) _____

work: (____) _____ cell: (____) _____

Please attach front and back copy of Insurance Card

Signature of Guardian Date

Signature of Guardian Date

Notary Seal Required:

Dated this _____ day of _____ 2017

Signature of Notary

American Legion Auxiliary Magnolia Girls State Medical Information

Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Phone# Home _____ Work _____

Cell _____

Physician Name and Phone # _____

MEDICAL HISTORY

Have you ever had or do you have any of the following medical problems?

	Yes	No		Yes	No
Allergies	_____	_____	Stomach Problems	_____	_____
Diabetes	_____	_____	Back Pain or Injury	_____	_____
Asthma	_____	_____	Joint Pain or Injury	_____	_____
Severe Headaches	_____	_____	Hepatitis	_____	_____
Seizures	_____	_____	Drug Problems	_____	_____
Depression	_____	_____	Dizziness	_____	_____
Broken Bones	_____	_____	Visual Problems	_____	_____
High Blood Pressure	_____	_____	Ear, Nose, Throat	_____	_____
Heart Problems	_____	_____	Eating Disorders	_____	_____
Other	_____	_____			

Explain all "YES" answers:

Are you currently under a doctor's care? Yes _____ No _____
If so, for what?

Are you taking any prescription medications? Yes _____ No _____
If so, list drug, dosage, and frequency.

Are you taking over the counter medications?
If so, list drug, dosage, frequency, and for what reason.

Yes _____ No _____

Please list any surgeries you have had in the last year.

Is there any major illness history in the family that could relate to you?

Date of last physical examination _____

I hereby certify that all of the above information is true to the best of my knowledge.

Parent Signature _____ Date _____

**American Legion Auxiliary Magnolia Girls State
Waiver and Consent**

This will certify that I am the parent or legal guardian of _____
who is under the age of eighteen years; she is _____ years of age.

I understand and confirm that participation in the ALA Magnolia Girls State program is voluntary and hereby consent and grant permission for my daughter to participate in all activities in conjunction with this program. I further understand that my child's participation may involve risk of injury and loss, both to person and to property. On behalf of my child, I assume all risks in any way connected with said participation, and I accept personal responsibility for any liability, injury, loss, or damage in any way connected with said participation.

This will further certify that I, the undersigned, in consideration of the benefits and opportunities derived by my daughter who is a participant of the American Legion Auxiliary Magnolia Girls State program, do hereby release and discharge the American Legion Auxiliary, its officers, agents, staff, and employees from any and all claims, demands, suits, actions, or courses of action which may, can, or shall have reason of illness, injury, or accident incurred or suffered by said daughter while in attendance of said American Legion Auxiliary Magnolia Girls State program, while traveling to or from, attending, or participating in said program no matter how caused or occasioned.

I understand and acknowledge that neither basic accident and health insurance nor personal property insurance will be offered or provided by the American Legion Auxiliary in connection with ALA Magnolia Girls State, and that the provision of such insurance is my/our own personal responsibility.

I do hereby certify that the information provided above and or on the back of this form is true and correct to the best of our/my knowledge.

Signature of Parent/Guardian

Signature Date _____

Dated this day of _____ 2017

Notary Signature

NOTARY SEAL

**American Legion Auxiliary Magnolia Girls State
Media Release Consent Form**

I, _____, hereby give permission to the American Legion Auxiliary to use my name, state and picture(s), individual and/or in groups, for news releases on radio, newspapers, television and/ or the ALA Magnolia Girls State section of the American Legion Auxiliary State Headquarters web site, Magnolia Girls State Alumni closed FaceBook group and the 2017 ALA Magnolia Girls State FaceBook Page during the week of ALA Magnolia Girls State and following ALA Magnolia Girls State.

Signature of ALA Girls State participant

Date

Signature of Parent/Guardian of participant

Date