



# TENNESSEE AMERICAN LEGION 2023 BOYS STATE Participant Health Information

## GENERAL INFORMATION

- 1) Name of Participant: \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- 3) Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- 4) Date of Birth: \_\_\_\_\_
- 5) Person Responsible for Medical Coverage/Costs: \_\_\_\_\_
- 6) Parent or Legal Guardian: \_\_\_\_\_
- 7) Parent/Guardian Address (if different from Participant's address): \_\_\_\_\_  
\_\_\_\_\_
- 8) Parent's/Legal Guardian's:  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

- 9) **Primary** Emergency Contact Information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_
- 10) **Secondary** Emergency Contact Information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

## MEDICAL INFORMATION AND AUTHORIZATION

### General Medical Information

- 11) Does the participant have any medical conditions that you or your doctor feel would limit camp participation?    **YES**       **NO**

If **yes**, identify and explain:

12) Is the participant currently taking medication that may interfere with the ability to safely participate in the Program? **YES**      **NO**

If **yes**, please indicate the medication and the condition being treated:

13) Does the participant have a history of allergies or reactions to medications, insect stings, or plants? **YES**      **NO**

If **yes**, please explain:

14) Does the participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? **YES**      **NO**

If **yes**, please explain:

15) Approximate date of last tetanus shot: \_\_\_\_\_

16) Please describe any other conditions of which we should be aware:

### **Insurance Information**

I understand that Tennessee Tech University does not offer any form of insurance for the Participant while participating in Boys State. The TNALBS insurance program provides benefits for medical expenses not covered by other family insurance. For details regarding this policy, visit [tnboysstate.org](http://tnboysstate.org).

17) Please check the applicable box:

- I have insurance and have attached a copy of the **front and back** of the card.
- I do not have insurance.

**Authorization, Release, and Indemnification**

By signing this document, I grant TTU and the Tennessee American Legion Boys State (TNALBS) permission to authorize emergency medical treatment if deemed necessary by TTU and give permission to transport to an appropriate medical facility. I agree that TTU and TNALBS assume no responsibility or liability for any injury or damage that might arise out of or in connection with such authorized medical treatment. I also agree to indemnify TTU for any liability, including attorney's fees, for any actions brought against TTU for any unpaid medical costs or bills incurred by the Participant.

\_\_\_\_\_  
**Signature of Participant's parent or legal guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Participant's parent or legal guardian**

\_\_\_\_\_  
**Signature of Participant if 18 years of age or over**

\_\_\_\_\_  
**Date**