

**PALMETTO GIRLS STATE 2010**  
**Medical Record and Consent Form**

Delegate's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Parent/Guardian Name (s) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION – IF WE ARE UNABLE TO REACH  
PARENT/GUARDIAN**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>AUTHORIZATION AND CONSENT TO ADMINISTER MEDICATIONS AND MEDICAL TREATMENT</b>
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I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_  
certify this delegate to Palmetto Girls State is in good physical condition, and I hereby give permission in  
case of accident or illness for her to receive any and all emergency treatment deemed necessary by medical  
personnel during her attendance at Palmetto Girls State from June 13 – 19, 2010.

I understand that my child may require emergency medical treatment during her attendance at Palmetto  
Girls State. I authorize Palmetto Girls State through its adult staff to administer first aid and/or minor  
medical treatment that shall be deemed best and needed under the circumstances, and I consent for my  
child to receive such treatment. I understand that certain emergencies may require such prompt and  
immediate attention to my child that nursing or other qualified medical personnel may not be readily  
available and there I understand that personnel of Palmetto Girls State may provide emergency assistance  
to my child. I understand that in the event of an emergency requiring immediate medical care, Palmetto  
Girls State will attempt to notify me or any other emergency contact provided my me, and if Palmetto Girls  
State is unable to notify me, I understand that Palmetto Girls State may seek emergency medical services  
for my child without notification to me, and I consent to have my child treated by a physician or other  
medical personnel at the emergency hospital or other medical facility. I also understand and acknowledge  
that I am responsible for all costs and charges incurred for such medical treatment. In addition, I hereby  
request and authorize that Palmetto Girls State, through its designated personnel, assist, supervise and /or  
administer those over-the-counter medications (e.g. acetaminophen, ibuprofen, antacids, throat lozenges,  
etc.) indicated in this document.

I hereby release Palmetto Girls State, Inc. and its officers, agents, instructors, employees, and volunteers  
and the American Legion Auxiliary and its officers, agents, instructors, employees, and volunteers from  
liability for administering medications (including over-the-counter medications), first aid, and medical  
assistance to my child, and I agree to hold harmless and indemnify Palmetto Girls State, Inc. and its officers,  
agents, instructors, employees, and volunteers and the American Legion Auxiliary and its officers, agents,  
instructors, employees, and volunteers either jointly or severally, from and against any and all claims,  
damages, causes of action or injuries arising from the provision of first aid and/or medical assistance or the  
administration of medications, including over-the-counter medications.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Delegate's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PERSONAL HISTORY**

Please circle all that apply. Provide additional pages with explanations if needed.

Abdominal Pain (Not related to Menstrual cycle)	Asthma: Environmental or Exercise Induced	Diabetes (Insulin Dependent or Non-Insulin Dependent)	Menstrual Disorder/ Severe Menstrual Cramps
ACL/MCL Injury	Dizziness/Fainting	Hypertension	Scoliosis
ADD/ADHD	Ear Infections	Hypoglycemia	Seizure Disorder
Anorexia/Bulimia	Environmental Allergies	Kidney/Bladder Problems	Skin Disorder
Anxiety/Panic Attacks	Headaches/Migraines	Mononucleosis	Sickle Cell Anemia
Cancer	Head Injury	Obsessive Compulsive Disorder	Thyroid Disorder
Chicken Pox	Heart Murmur or Abnormality	Inflammatory Bowel Disease	Vision Impairment
Chronic Pain	Hepatitis (A/B/C)	Kidney/Bladder Problems	
Depression/Bipolar	Homesickness		

Please add any condition or physical limitation not listed above.

\_\_\_\_\_  
 \_\_\_\_\_

ALLERGIES (Drug, food, environment):

1. \_\_\_\_\_ Reaction \_\_\_\_\_
2. \_\_\_\_\_ Reaction \_\_\_\_\_
3. \_\_\_\_\_ Reaction \_\_\_\_\_

CURRENT PRESCRIPTIONS:

1. \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_
2. \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_
3. \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

**IMPORTANT: You must bring all medications and inhalers with you, even if you take them only on an as needed basis.**

Date of most recent tetanus immunization: \_\_\_\_\_

**OVER-THE-COUNTER MEDICATION**

Indicate which over-the-counter medications may be provided to your child.

Y	N	Acetaminophen (generic Tylenol)	Y	N	Hydrocortisone Cream
Y	N	Ibuprofen (generic Advil/Motrin)	Y	N	Antibiotic Cream
Y	N	Benadryl	Y	N	Robitussin lozenge - cough/sore throat
Y	N	Antacids (Tums, Rolaids, Mylanta)	Y	N	

By completing this form, the delegate's parent or guardian is certifying that the herein named delegate to Palmetto Girls State is in good physical health and capable of participating in the program. Further, said parent or guardian assumes any and all responsibility with regard to disclosure, or failure to disclose, any relevant medical condition, or medication, of the delegate to Palmetto Girls State.

**Palmetto Girls State  
American Legion Auxiliary, Dept of South Carolina**

**WAIVER OF CLAIM**

The undersigned, parents (surviving parent or guardian) of \_\_\_\_\_,  
(Name of Delegate to Palmetto Girls State)

a student at \_\_\_\_\_ High School and residing at \_\_\_\_\_,  
(Name of High School) (Physical Address)

\_\_\_\_\_, in consideration of instruction and training to be given to  
(City, State, Zip Code)

\_\_\_\_\_ a citizen of Palmetto Girls State, Inc., American Legion Auxiliary,  
(Name of Delegate to Palmetto Girls State)

Department of South Carolina, to be held in Clinton, South Carolina on the dates of June 13 to June 19, 2010 (inclusive), do hereby give consent for her to participate fully in all planned activities of Girls State including any field trips which are a scheduled part of the program of Girls State.

This will certify that we, the undersigned, (parents or guardians) of \_\_\_\_\_, in  
(Name of Delegate to Palmetto Girls State)

the event that our (my) daughter becomes a participating member of the Palmetto Girls State to be held in Clinton, South Carolina, June 13 to June 19, 2010 (inclusive), do hereby consent and grant permission to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician should the necessity of medical care arise, and that we, the undersigned will be responsible and will pay for all costs associated with any such medical treatment and/or hospital services. Permission includes the administration of anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.

This will further certify that we(I), the undersigned, in consideration of the benefits to be derived by our (my) daughter, in the event she is a member of the Palmetto Girls State to be held in Clinton, South Carolina, June 13 to June 19, 2010, (inclusive), do hereby release and discharge Palmetto Girls State, Inc., and the American Legion Auxiliary, its officers, agents, instructors, employees, and volunteers from any and all claims, demands, damages, suits, actions, or causes of action which we (I) may, can, or shall have by reason of any illness, injury, or accident incurred or suffered by our daughter while traveling to, attendance at, or participation in the Palmetto Girls State program from the time of her departure from home until her return thereto. Further, we (I) understand that Palmetto Girls State assumes no responsibility for sickness, illness, or injury due to accident or any other reason.

Does your daughter have any physical or emotional condition that Palmetto Girls State should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If YES, please explain on the reverse side.

**(To be signed by girl's parents, witnessed, and submitted at registration on Sunday, June 13, 2010.)**

**NO APPLICANT WILL BE ACCEPTED WITHOUT THIS WAIVER.** (Please complete this form before arriving at Palmetto Girls State. This form need not be witnessed by the staff of Palmetto Girls State provided all information for the witness is included.)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

**WITNESS INFORMATION (MUST BE AN ADULT)**

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Print or type name of witness here

\_\_\_\_\_  
Mailing address of witness

\_\_\_\_\_  
City, zip code

\_\_\_\_\_  
Telephone number

**PARENTS OR GUARDIAN**

\_\_\_\_\_  
Signature of father or guardian

\_\_\_\_\_  
Signature of mother or guardian

\_\_\_\_\_  
Mailing address of parents or guardian

\_\_\_\_\_  
City, zip code

\_\_\_\_\_  
Telephone number



**2010 Palmetto Girls State  
Delegate Bio/Media Information**

PLEASE PRINT OR TYPE REQUESTED INFORMATION: (INFORMATION MUST BE LEGIBLE)

**Name:** \_\_\_\_\_ **Hometown:** \_\_\_\_\_

**School and School Address:** \_\_\_\_\_

**Parent(s) Name(s)** \_\_\_\_\_  
(i.e. Mr. & Mrs. John Doe or Mr. John Doe & Mrs. Jane Doe)

**List 3 activities/clubs/offices held at school, church, or in the community:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Name of local newspaper and/or other in-state newspapers commonly read in your home or community:**

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

PGS CITY: \_\_\_\_\_

Press Release Sent

PGS OFFICES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEWSPAPERS: \_\_\_\_\_

FAX NO. \_\_\_\_\_

\_\_\_\_\_

FAX NO. \_\_\_\_\_

**RELEASE OF NAME AND ADDRESS AND  
NOTIFICATION OF WEB SITE AND MEDIA ACTIVITIES  
2010 PALMETTO GIRLS STATE**

Annually, Who's Who Among American High School Students and some colleges and universities request that Palmetto Girls State provide a list of attendees with their addresses so that contact may be made with Palmetto Girls State attendees. Who's Who contacts attendees about inclusion in the annual Who's Who publication, and colleges and universities often send recruiting information. Additionally, some dignitaries may request a list of attendees or may request a partial list of attendees, such as delegates from a certain political district or subdivision.

Palmetto Girls State does not sell or release the list of attendees to any outside group or organization that may try to solicit business from the attendees to Palmetto Girls State. Lists of attendees are only released to organizations not affiliated with the American Legion Auxiliary or Palmetto Girls State such as (1) organizations such as Who's Who that are recognizing outstanding student achievement, (2) colleges and universities for recruitment purposes, or (3) dignitaries who have assisted with the program and who may want to send a congratulatory letter to attendees from their districts. However, the American Legion Auxiliary, the sponsoring organization of Palmetto Girls State, may contact attendees regarding membership in the American Legion Auxiliary.

If your name may be included in the lists distributed to outside organizations of the type as described above, please indicate in the appropriate space below. If you do not want your name to be included in the lists distributed, please indicate in the appropriate space below.

As delegates to Palmetto Girls State are minors, a parent or guardian should also sign this form.  
(Please check only one space below.)

\_\_\_\_\_ Yes, I would like for my name and address to be included on the list of Palmetto Girls State delegates distributed to Who's Who Among American High School Students, colleges and universities which may request a list for recruitment purposes, and dignitaries who assist with Palmetto Girls State.

\_\_\_\_\_ No, I do not want my name and address included on any list of Palmetto Girls State delegates distributed to outside entities.

Additionally, Palmetto Girls State may publish on its website at [www.palmettogirlsstate.net](http://www.palmettogirlsstate.net) photographs of the session, including city pictures and candid shots of various activities. In addition, newspapers and radio and television stations frequently visit Palmetto Girls State to interview and photograph the delegates for stories that are published or broadcast, and Palmetto Girls State may distribute press releases announcing offices and honors achieved during the week by the delegates. Parents are hereby provided notice that their daughters picture and/or name may appear on the Palmetto Girls State website or in local media broadcasts or publications as a routine part of participation in the Palmetto Girls State program.

**YES NO (Circle one)** If Palmetto Girls State prepares a roster of participants for the web site to include picture, name, high school, hometown (but not address), and information from the participant's activities at Palmetto Girls State, may your daughter's photograph and information be included. This roster may be published on the web site and may be distributed to the delegates of Palmetto Girls State.

\_\_\_\_\_  
Name of Delegate (Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (Print)



**PALMETTO GIRLS STATE, INC.**  
A PROGRAM SPONSORED BY THE  
AMERICAN LEGION AUXILIARY, DEPARTMENT OF SOUTH CAROLINA

AMERICAN LEGION AUXILIARY  
DEPARTMENT OF SOUTH CAROLINA  
107-A LEGION PLAZA ROAD  
COLUMBIA, SOUTH CAROLINA 29210  
TELEPHONE (803) 772-6366  
FACSIMILE (803) 772-6284

**CITIZEN PLEDGE – 64th PALMETTO GIRLS STATE - JUNE 13 – 19, 2010**

**Please read and sign this Pledge and turn in this completed form at registration at Palmetto Girls State.**

**NOTE: BRING THIS FORM WITH YOU TO GIRLS STATE. DO NOT MAIL.**

As a **Delegate to and a Citizen of Palmetto Girls State**, a program sponsored by the American Legion Auxiliary, Department of South Carolina, I voluntarily make the following **PLEDGE**:

1. I will obey the rules of Palmetto Girls State.
2. I will be present for every portion of the Palmetto Girls State session and will remain in its entirety, unless advance permission for my leaving is obtained in writing from the American Legion Auxiliary Unit which sponsored me and advance approval is obtained from the Director of Palmetto Girls State.
3. I will not leave assigned areas of the Presbyterian College campus, except as the Palmetto Girls State schedule allows or as may be approved by the Director of Palmetto Girls State.
4. I will take a serious and conscientious interest in discharging my duties as a Delegate to and Citizen of Palmetto Girls State.
5. I understand that Palmetto Girls State is an Americanism program established to educate young women in the duties, privileges, rights, and responsibilities of American citizenship. I further understand that the program is a study of city, county, and state government and that the ideals of Americanism, citizenship, patriotism, and "God and Country" are featured throughout the week.
6. If elected to office, I will serve to the best of my ability and participate in the activities designed for my office.
7. Upon returning home and if requested by the American Legion Auxiliary Unit which sponsored me, I will make a formal report (written or oral) of my impressions and experiences at Palmetto Girls State.
8. I will live in residence as a Citizen of Palmetto Girls State.
9. I will return to my high school which I represent for at least one semester of my senior year.
10. I am not a member of, nor do I subscribe to the principles of, any group opposed to democracy or to the forms of government of the United State of American and the State of South Carolina.
11. I will not use the Palmetto Girls State name in any commercial or promotional activity.

SIGNED: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_