

PALMETTO GIRLS STATE 2009
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: _____

**AUTHORIZATION AND CONSENT TO ADMINISTER MEDICATIONS AND
MEDICAL TREATMENT**

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 7 – 13, 2009.

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 _____

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.