

Palmetto Girls State Registration Documents

Required Documents – The following documents must be completed in their entirety and submitted at registration for Palmetto Girls State on Sunday, June 12, 2011. **DO NOT** submit these forms prior to arrival at Presbyterian College on June 12.

1. **Medical Record and Consent Form (2 pages)**
2. **Waiver of Claim (1 page)**
3. **Insurance Information/Permission to Travel (1 page)**
4. **Name and Address Release (1 page - front only)**
5. **Bio/Media Information (1 page – front only)**
6. **PGS Citizen Pledge (1 page – front only)**

Optional Document – Samsung American Legion Scholarship Application

If eligible, a delegate may file an application for the Samsung American Legion Scholarship. Only a direct descendant of a U.S. wartime veteran attending a Girls State or Boys State program may apply. Please see the information sheet included with the information materials for the eligibility requirements. Any eligible delegate desiring to compete for the scholarship must turn in the completed application upon registration at Palmetto Girls State on June 12. The application and all required materials mentioned in the application must be submitted upon registration at Palmetto Girls State on Sunday, June 12, 2011. **Only completed applications with ALL required documentation which are turned in at registration will be considered.** Scholarship applications **should NOT be mailed in** prior to Girls State and may not be sent in or delivered after the registration period on Sunday, June 12, 2011.

The Samsung American Legion Scholarship application may be downloaded from the Palmetto Girls State website.

PALMETTO GIRLS STATE 2011
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
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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 12 – 18, 2011.

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 another emergency contact provided by 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 hospital, hospital emergency room, doctor's office, 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	Pepto Bismol

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 parent(s), 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 delegate attending Palmetto Girls State, Inc., American Legion Auxiliary,
(Name of Delegate to Palmetto Girls State)
Department of South Carolina, to be held at Presbyterian College in Clinton, South Carolina on the dates of June 12 to June 18, 2011 (inclusive), do hereby give consent for her to participate fully in all planned activities of Girls State including any off campus trips which are a scheduled part of the program of Palmetto Girls State.

This will certify that we(I), 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 12 to June 18, 2011 (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 12 to June 18, 2011, (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 12, 2011.)
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 _____, 2011.

WITNESS INFORMATION (MUST BE AN ADULT)

Signature of witness

Print or type name of witness here

Mailing address of witness

City, State, Zip Code

Telephone number (including area code)

PARENTS OR GUARDIAN

Signature of father or guardian

Signature of mother or guardian

Mailing address of parents or guardian

City, State, Zip Code

Telephone number (including area code)

**RELEASE OF NAME AND ADDRESS AND
NOTIFICATION OF WEB SITE AND MEDIA ACTIVITIES
2011 PALMETTO GIRLS STATE**

Each year, 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 may contact attendees about inclusion in the annual Who's Who publication, and colleges and universities often send recruiting information. Additionally, some dignitaries seek to recognize attendees at Palmetto Girls State and 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 outside groups or organizations that may try to solicit business from the attendees to Palmetto Girls State. Lists of attendees may be released to organizations 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. The American Legion Auxiliary, the sponsoring organization of Palmetto Girls State, may contact attendees regarding membership in the American Legion Auxiliary. Further, past attendees may be contacted regarding membership in alumnae groups organized by and operating in support of Palmetto Girls State.

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 photographs of the session, including city pictures and candid shots of various activities. Results of the Palmetto Girls State activities, including names and pictures, may also be published on the website. 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 daughter's 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) Should Palmetto Girls State prepare 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)

**2011 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. _____



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
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CITIZEN PLEDGE – 65th PALMETTO GIRLS STATE - JUNE 12 – 18, 2011

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: _____