

Participant Name _____ District # _____ Unit # _____

2017 American Legion Auxiliary Junior Conference State Medical Certification

NOTE: Any participant who arrives without the completed Medical Certification and Consent forms will not be allowed to participate in the program until the completed forms have been submitted. In the event of an emergency, the Junior Conference nurse will attempt to contact the parent/guardian directly regarding treatment.

Mother's Phone - Home _____ Work _____ Cell _____

Father's Phone - Home _____ Work _____ Cell _____

Emergency Contact Name if parent/guardian cannot be reached _____

Phone #(s) _____ Relationship _____

Past Illness (yes or no): _____ Measles _____ Small Pox _____ Poliomyelitis _____ Mumps

_____ Chicken Pox _____ Diphtheria _____ Typhoid Fever _____ Scarlet Fever _____ Mononucleosis

_____ Hepatitis If yes, what type _____

_____ Ear, Nose, Throat problems. If yes, describe _____

Present State of Health (yes or no): _____ Diabetes _____ Ulcer _____ ENT Problems

_____ Epilepsy _____ Heart Condition _____ Asthma _____ Vision Impairment _____ Drug Problems

_____ Emotional Problems Other physical conditions? _____

Allergies (including drug, food and any others) _____

Physical limitations (glasses, contacts, prosthesis, etc.) _____

Date of last tetanus vaccination/Tdap (pertussis) _____

Current Prescription/Over-the-Counter Medications: dosage, frequency & storage (purse, drawer, refrigerator, etc.)

**ALL Prescription/Over-the-Counter MEDICATIONS MUST BE CHECKED BY NURSE IMMEDIATELY
UPON ARRIVAL**

Parent Signature _____ Date _____

Consent to Medical Treatment and Hospital Services

This will certify that I/we, the undersigned parent(s) or guardian of

do, in the event that my/our daughter becomes a participating member of the American Legion Auxiliary Junior Conference, to be held in Sanger, CA at Wonder Valley Ranch Resort between the dates of Friday, April 28, 2017, to Sunday, April 30, 2017 (inclusive), 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 Junior Conference staff or nurse.

Junior Conference Participant Information:

Name _____

Mother's Phone - Home _____ Work _____ Cell _____

Father's Phone - Home _____ Work _____ Cell _____

Alternate Contact IN CASE OF EMERGENCY:

Name _____ Relationship _____

Phone - _____ Work _____ Cell _____
Home _____

Alternate Contact IN CASE OF EMERGENCY:

Name _____ Relationship _____

Phone - _____ Work _____ Cell _____
Home _____

I/We agree that in no event will the American Legion Auxiliary, Department of California or its officers, leaders, or agents become liable for the first aid rendered, treatment, drugs, medicines or surgical procedures performed pursuant to the consent; that the undersigned hereby holds such parties harmless from any liability which may occur as a result of this consent.

The undersigned will fully inform said Auxiliary of the physical condition of our daughter/ward, and any other matter concerning her, which may create a special problem or require special treatment.

Signature of Mother/Guardian Date

Signature of Father/Guardian Date

Participant Name _____ District # _____ Unit # _____

American Legion Auxiliary
Department of California
Junior Conference

Medical Insurance

Top or bottom section must be completed by all applicants.

<p>INSURANCE INFORMATION</p> <p>Medical Insurance Provider Name: _____</p> <p>Provider Mailing Address: _____</p> <p>Policy Information Number: _____</p> <p>Person to Whom Policy was Issued: _____</p> <p>PLEASE ATTACH COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM</p>

WAIVER OF MEDICAL INSURANCE—To be completed if no insurance is available to Junior Conference Applicant.

My/Our daughter, _____, is not covered by medical/health insurance.
I/We agree to pay for any and all medical treatment deemed necessary by any qualified medical professional
(paramedic or doctor) in the event my/our daughter requires medical treatment.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date