

2018 American Legion Auxiliary
Junior Conference State Medical Certification

Participant Name _____ District _____ Unit _____

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.

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

Mother's Phone - Home _____

Father's Phone - Home _____

Emergency Contact Name if parent/guardian cannot be reached _____

Phone #(s) _____

Present state of health (yes/no) Diabetes _____ Ulcer _____ ENT problems _____ Epilepsy _____ Asthma _____

Vision impairment _____ Drug problem _____ Emotional problems _____

Other physical/mental problems _____

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**

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 27, 2018, to Sunday, April 29, 2018 (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 _____

Home Phone _____ Work Phone _____ Cell _____

Alternate Contact IN CASE OF EMERGENCY:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

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.

INSURANCE INFORMATION

Medical Insurance Provider Name:

Provider Mailing Address:

Policy Information Number:

Person to Whom Policy was Issued:

PLEASE ATTACH COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM

**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