

EMERGENCY INFORMATION FORM

Every delegate is required to have a minimal physical examination and health history completed in preparation for their attendance at Buckeye Boys State.

Also, as part of this process, every parent or guardian is required to provide emergency contact information to Buckeye Boys State in preparation for the delegate's attendance.

Physical examinations completed by a Physician, Physician's Assistant, or the staff of a "Minute clinic" or similar facility are acceptable by Buckeye Boys State.

Information from the delegate's physical examination, the delegate's health history, and parent or guardian emergency information are to be provided using the official Buckeye Boys State **Emergency Information form** (attached) which serves as Treatment Authorization by the delegate's parents or guardians and a Waiver of Liability for the Ohio American Legion and Buckeye Boys State.

The Emergency Information form is attached and is to be downloaded by the delegate and his parents or guardian.

The delegate is required to have the completed Emergency Information form in their hand and turn in at time of registration on Sunday at Buckeye Boys State, so do not pack in the suitcase!

The Boys State staff working the Registration Desks will collect the Emergency Information form from each delegate.

At the conclusion of registration, all Emergency Information forms will be turned over to the Boys State Medical Staff where the forms are maintained to facilitate treatment of any Boys State delegate should the delegate become sick or injured while in attendance .

It is the policy of the McCullough-Hyde Hospital, Oxford that parents or guardians signature on the Emergency Information form must be notarized by a Notary Public is to expedite treatment of any Boys State delegate, who are minor children by law, unless over the age of 18.

To provide a service for parents or guardians who need a Notary Public Boys State works to have several Notary Publics on site for registration on the opening day of the program.

To minimize the cost of a physical examination to Delegates and their parents or guardian, Boys State will accept in lieu of a physical examination a copy of an Ohio High School Athletic Association sports physical, Boys Scout physical, or employment physical if taken by the delegate within the past year.

Such copy must be attached to the Emergency Information form to be turned in at registration on Sunday.

A copy of an OHSAA sports physical, Boy Scout physical, or employment physical cannot take the place of the Emergency Information form and all other information on the Emergency Information form must be completed by the parent or guardian.

At the conclusion of Buckeye Boys State, per HIPAA requirements, all Emergency Information forms are sealed and stored in a secured Department Headquarters storage area for a period of six (6) years at which time the Emergency Information forms are to be destroyed by shredding.



*American Legion Buckeye Boys State
and
McCullough - Hyde Hospital
Emergency Information Form*

IMPORTANT! This form will be collected at Registration. A licensed physician must complete the health exam portion.

Student's Name _____ Birth Date _____
Home Address _____
City _____ Zip _____ Phone () _____

Name of Parent or Guardian _____
Parent or Guardian Address _____
Parent or Guardian Phone - Home () _____ Business () _____

In case of emergency:
Name _____ Phone () _____

Family Physician _____ Phone () _____
Address _____ City _____ Zip _____

Insurance Company _____ Phone () _____
Policyholder's Name: _____ Policy/Plan/Group No. _____
Policyholder's SSN#: _____ Policyholder's Birth Date: _____
Required Co-Pay: _____

Physical Examination—To be completed by a licensed physician

Height _____ Weight _____ Eyes _____ Ears _____ Nose _____ Throat _____ Heart _____

History of heart problems _____

Lungs _____ History of lung problems _____

Asthma/Hay Fever _____ Epilepsy/Convulsions/Seizures _____

Hernia _____ Free from Communicable Disease? _____

Allergies (include latex) _____

Is the applicant required to take any prescription medication(s)? Yes No

If so, which one(s)? _____

Dosage _____ Does medication require refrigeration Yes No

Is the applicant taking over the counter/herbal medications Yes No

Date of last tetanus shot _____

Is there any reason why applicant should not be permitted to participate in the Buckeye Boys State Program or why his participation should be limited? Yes No

If so, what limitations apply? _____

Signature _____ M.D./D.O. Date _____

Buckeye Boys State Treatment History

Medical Problems _____

Treatment Given _____

Parent/Guardian contacted _____ Date _____

