

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 facilities 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 it in at the time of registration on Sunday at Buckeye Boys State, so do not pack it 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 also accept a copy of an Ohio High School Athletic Association sports physical, Boy Scout physical, or employment physical if taken by the delegate within the past year. The 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 only takes the place of the physical. **All other information** on the Emergency Information form must be completed by the parent or guardian.

At the conclusion of Buckeye Boys State, per HIPPA 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 practitioner (MD, DO, NP, PA) 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 practitioner (MD, DO, NP, PA)

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

Pertinent Medical and Surgical History _____

Allergies (include latex and dietary) _____

Medications with dosage and schedule (including OTC and Supplements)

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 _____ Degree _____ Date _____

RELEASE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

I _____ am the parent or legal guardian of _____ Boys State Delegate named on this form. I hereby grant permission for any physician at McCullough - Hyde Hospital or any other qualified medical personnel to perform any emergency treatment deemed necessary while my son is participating in the American Legion Buckeye Boys State Program.

I believe that my son is in good health and that there is no health or medical reason why he cannot or should not participate. I understand that it is my responsibility to have my son examined and cleared for participation in this program, and I agree that the American Legion Buckeye Boys State program has no duty to ascertain his health or physical limitations or conditions.

I hereby authorize American Legion Buckeye Boys State to share my son’s protected health information with any health care provider deemed necessary in case of illness or injury. I also hereby authorize American Legion Buckeye Boys State to share my son’s protected health information with Buckeye Boys State staff members and to any other participant in the program or to their respective parents or legal guardians to the extent that Buckeye Boys State deems the disclosure to be necessary for the protection of the health of other program participants or staff members, or so that the recipient may be aware of any limitations that my son may have with respect to his participation in the program.

This authorization will automatically expire one-year from the date it was signed. I understand that I may refuse to sign this authorization, but that if I do not sign it my son will not be allowed to participate in the American Legion Buckeye Boys State program. I understand that I may revoke this authorization at any time, except to the extent that Buckeye Boys State has already acted upon it. To revoke this authorization, I understand that I must provide written notification of my revocation to American Legion Buckeye Boys State, 60 Big Run Road, P.O. Box 8007, Delaware, OH 43015-8007. I further understand that if I revoke this authorization, my son will no longer be allowed to participate in the American Legion Buckeye Boys State program.

I understand that those persons who receive my son’s protected health information may not be required by federal privacy law to protect it, and may share it with others without my permission, if such redisclosure is otherwise permitted by applicable law. I understand that the information authorized for release may include records or information indicating the presence of a communicable disease, including without limitation hypostasis, syphilis, gonorrhea, acquired immune deficiencies syndrome, and/or mental health information.

I understand that there are risks of physical injury related to my son’s participation in American Legion Buckeye Boys State and I agree to assume the full risk of any injuries that my son may sustain as a result of his participation. In exchange for allowing him to participate, I hereby waive and release all claims that my son may have arising out of his participation. This waiver and release extends not only to American Legion Buckeye Boys State, but also to their 1) affiliated organizations; 2) employees and volunteers; and 3) Miami University.

Parent/Guardian Signature: _____ Date: _____

Per the policies of McCullough - Hyde Hospital, Oxford, Ohio; the medical facility utilized by American Legion Buckeye Boys State, Inc., the signature of the parent/guardian signing must be notarized to facilitate treatment of the minor person attending the American Legion Buckeye Boys State program.
NOTARY PUBLIC VERIFICATION: State of Ohio
County of _____ Sworn _____ to and subscribed in my
presence by _____ this _____ day of ____2023____ My Commission expires: _____

Additional Medical Information should be attached to this form and turned in with form at time of check-in.

**ALL EMERGENCY INFORMATION FORMS ARE DESTROYED BY SHREDDING
AT THE CONCLUSION OF THE REQUIRED SEVEN (7) YEAR STORAGE PERIOD AS REQUIRED BY THE HEALTH
INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPPA)**