

North Dakota Boys State Insurance Confirmation and Health History Form

Delegate Name: _____ Age _____

Parent's / Guardian Names: _____ and _____

Home Address: _____ Zip _____

Phone Numbers: Work _____ Home _____ Other _____

Health Insurance Information: Company? _____ BC/BC _____ Medicaid _____ Preferred Provider _____

Other - Specify Name: _____

Health Insurance Policy Number: _____

Health History: While required physical activity is mostly limited to walking to meetings around the campus the delegate will be offered the opportunity to participate in athletic and other competitive activities. The following information is required in order that your son may have the most enjoyable time possible at Boys State by identifying limitations he should have on physical activity and at the same time ensure his safety from communicable diseases.

Please check those which should be answered yes ... Does the delegate have:

Diabetes? _____
History of Headaches? _____
Allergies? _____
Convulsions or seizures? _____
Lung Trouble or Asthma? _____
Dizziness or Ear Trouble? _____
Heart Trouble or Scarlet Fever? _____
Problems with Joints? _____
Problems with Muscles? _____
Hernia? _____
History of sleepwalking? _____

A Requirement to take prescribed medication during the week? _____

If yes, which medication and in what dosage? _____

Never had Preventive Immunization or never had the following childhood diseases:

Measles? _____
Mumps? _____
Chickenpox? _____
German Measles? _____
Recently exposed to other contagious diseases? _____

Do you know of any physical or psychological problems we should be aware of or that might prevent your son from attending or taking part in the regular Boys State program?

No _____ Yes (please specify) _____

Does your son have limitations of which you want us to be aware?

No _____ Yes (please specify) _____

Please attach a copy of a physical examination by a physician during the period of time up to two years prior to the Boys State program. These may be sports physicals or a general medical examination done in conjunction with a clinic visit. The exam should include, as a minimum, a statement regarding the general condition of your son's eyes, ears, nose and throat, mouth and teeth, lungs, heart, skin, abdomen, glands, genitalia, orthopedic and other relevant body systems. The exam should also note that physical activity is permitted for your son, given his current medical condition.

Parent's Authorization for Medical or Surgical Care while attending Boys State:

I hereby authorize any required emergency medical or required emergency surgical care, as determined by a physician, during attendance at North Dakota Boys State:

Parent's Signature: _____

Date: _____