



American Legion Auxiliary – Department of Maine

Dirigo Girls’ State – PO Box34 – New Portland, ME 04961

Phone (207) 628-4201 Email: alderswamp@gmail.com Website maineala.org

Dirigo Girls’ State Medical Authorization Form 2019

I hereby authorize the American Legion Auxiliary Girls’ State Staff to consent to medical treatment for my daughter,

_____ **Student’s Full Name & Date of Birth**

should an emergency arise and should I not be readily available to give such consent. I will not hold the American Legion Auxiliary Dirigo Girls’ State responsible for the consequences of exercising this power, so long as such persons act in good faith with the best interest of my child in mind. I expect to be informed of my child’s condition and of treatment provided as soon as possible.

I further consent to any treatment by any hospital or medical provider, which in their judgment is in the best interest of my child. I will not hold any hospital or medical provider responsible for the consequences of accepting my child for treatment upon receiving the consent of the American Legion Auxiliary Dirigo Girls’ State and upon being shown this medical authorization.

Any medical or physical conditions that the DGS Staff should know about should be described on the Medical History Form in the application packet. ***Do not hesitate to contact the Director with any special arrangements needing to be made in advance.***

_____ *Doctor or Medical Provider’s Name & Phone Number*

Parent/Guardian Name: _____

Phones: cell: _____ home: _____ work: _____

Parent/Guardian Name: _____

Phones: cell: _____ home: _____ work: _____

Emergency Contact if persons above are not available: _____

Phones: cell: _____ home: _____ work: _____

Parent/Guardian Signature _____ Date _____

**This form is one of five that needs to be completed and mailed with the \$320 registration fee made payable to Dirigo Girls’ State at the address above by
May 18, 2019**