



**Dirigo Girls' State 2020 – June 21-25, 2020**

**MEDICAL AUTHORIZATION FORM**

I hereby authorize the American Legion Auxiliary Dirigo Girls State Staff to consent to medical treatment for my child:

**DAUGHTER'S 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. By consenting to treatment for my child, I also release any member of the Dirigo Girls State staff from liability for transporting my child to a medical facility. This authorization expires on June 25, 2020.

**PLEASE NOTE:** Any medical or physical conditions that the Dirigo Girls State Staff should know about should be described on the back page of this medical form.  
i.e. diabetic, asthma, any handicaps please call for special arrangements in advance.

If you have a family doctor who should be contacted, please indicate:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:** (to be completed only if parent(s) carry a GROUP medical insurance plan.)

Name of parent(s) group medical insurance carrier: \_\_\_\_\_

Policy or certificate number: \_\_\_\_\_

Parent to whom policy was issued: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian (mother) signature**

\_\_\_\_\_  
**(father) signature**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact if parents above are not available: \_\_\_\_\_

**OVER FOR PAGE 2**

**This form should be mailed to: American Legion Auxiliary, Dirigo Girls State, 5 Verti Drive, Suite B, Winslow, ME 04901 prior to June 1, 2020. Tel: (207) 465-4966**

**THIS FORM MAY BE REPRODUCED**

