



CONSENT OF PARENT(S) OR GUARDIAN(S)

**This form is MANDATORY and must be completed,
signed, and turned in at Registration on June 17, 2018.**

_____ has my permission to attend the American Legion Auxiliary Girls State program, scheduled for June 17 to June 23, 2018, and participate in activities held off campus when accompanied by an adult.

I consent that, should the need arise, medical care may be provided by a licensed medical professional to my daughter as follows:

- Permission is hereby granted to provide emergency medical treatment and hospital services as ordered or recommended by a qualified attending physician.
- In the event of an emergency and I cannot be reached, permission is granted to seek any emergency medical care rendered, by a licensed medical professional including the administration of an anesthetic, X-ray examination, laboratory procedures, medical or surgical treatment, or other hospital services.
- Based on my daughter's medical history and medication regimen, permission is granted for my daughter and the American Legion Auxiliary Girls State nurse to develop a medication administration plan(s) to be administered during the program. I understand that all prescription medication will be turned in to the ALA Girls State Nurse on registration day, and my daughter will report to her at the prescribed administration times.
- Permission is granted to American Legion Auxiliary Girls State to administer First Aid including the use of bandages, and to the nurse to administer over-the-counter medications and minor medical care. I understand that the non-prescription medications stocked in the Health Center are used on an as-needed basis to manage illness or injury per the manufacturer's guidelines.
- I will provide a list of non-prescription medications that may NOT be administered to my daughter.

ALA Girls State programs as well as the ALA Girls Nation program are not designed for and may exclude pregnant or drug abusing teenage girls. ALA Girls State and Girls Nation are designed for female high school students who are serious about and capable of carrying out the rigors of leadership. Because of possible medical implications, excluding girls who are pregnant or who are abusing drugs is appropriate, allowable, and removes a potential liability for the program.

I understand that if she leaves ALA Girls State prior to the closing ceremony she will not receive her certificate and pin, nor will she be able to use ALA Girls State on any college or job application. **She will not be released prior to the closing ceremony to any other person but the undersigned without their written consent.**

I confirm that I have read and do agree to these terms and conditions, required of all participants in American Legion Auxiliary Girls State.

Parent(s) or Guardian(s) signature and emergency contact numbers are required:

Signed: _____ Emergency Phone: _____
(print name:)

Signed: _____ Emergency Phone: _____
(print name:)

*If for any reason your daughter cannot finish the program, or must leave due to a family emergency, you must notify the MSU Girls State office at [(517) 575-9348] so preparations for her departure can be made. If someone other than the person(s) who signed above will be picking her up, we will REQUIRE that person to produce their driver's license, and a signed release note MUST be faxed to MSU at [(517) 432-2980], scanned and emailed to berylrobbins@comcast.net or given to the individual who will be picking her up. The statement should read:

" _____ has my consent to pick up _____ from Girls State on [departure date] at approximately [time of day], for the following reason: _____."

Requires the signature of a parent or guardian who signed this consent form & date. We will compare the signature on the release note with the signature provided above.