



MICHIGAN BOYS STATE

“A National Civics Leadership Program”



June 18 - 24, 2017

At Grand Valley State University -Allendale, Michigan

“A Week That Shapes A Lifetime”

To: 2017 Boys State Delegates and Parents

**From: Jerry J. Kelley
Boys State Director**

Subject: Important 2017 Boys State Forms

Following this memo are the forms for this year's 2017 Boys State Program: medical, field trip permission slip, parental/guardian consent photo/image for yearbook, letter of understanding, marching band, house/senate bill, and Red Cross Boys State Blood Drive.

Fill out all mandatory forms such as the medical (no physical examination is necessary), field trip permission slip, parental/guardian consent photo/image for yearbook and letter of understanding and turn these forms in at registration on June 18th. Also turn in the Blood Donor form at registration.

Medications need to be checked into the Boys State office upon arrival. Medications should be labeled with the pharmacy label showing name and dosage instructions. All medications are to be placed in a small clear plastic bag (think ziplock). Also, all non-prescription medication (over the counter) shall be in its original container. Under no circumstance should medicine be combined in one bottle. Dosage instructions must be clearly stated on non-prescription medicine.

Optional form to turn in to your counselor on registration day (June 18th) is the house/senate bill (to run for House of Representatives or Senate).

If you have any questions, unable to attend the program or have some type of change in plans, please contact the Programs Director at the Department Headquarters Office in Lansing by telephone at (517) 371-4720 ext. 23 or by email at programs@michiganlegion.org.

Thank you for your time and cooperation in this matter.

E-mail: <programs@michiganlegion.org>

Website: <www.michiganlegion.org/boysstate>

The American Legion, Department of Michigan Boys State Program

June 18 - 24, 2017

AUTHORIZATION FOR PURPOSES OF PROVIDING MEDICAL TREATMENT GRAND VALLEY STATE UNIVERSITY

Your son will be involved in an American Legion Department of Michigan Program on the above date(s). We are asking you to complete this form to give an appropriate medical facility permission to treat him for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Child's Name _____ Date of Birth _____

Address _____ Name of Primary
Care Physician _____

_____ Address _____

Phone _____ Phone _____

AMERICAN LEGION

INFORMATION NEEDED ABOUT CHILD: YES NO IF YES - INDICATE OR LIST BELOW

Is there any chronic problem or illness? _____

Has the person been treated recently for
some medical problem? _____

Are there any allergies to medications or
local anesthesia? _____

List any medications now being taken
For treatment of any medical problem _____

Date of last Tetanus Shot _____

HEALTH INSURANCE INFORMATION:

Policyholder's Name and Relationship to Patient _____

Policyholder's Complete Address _____

Name and Address of Insurance Co. _____

If you have HMO or PHP insurance - list the emergency treatment authorization phone number _____

Name and Address of Employer _____

All Policy Numbers (please identify) _____

I, _____, as parent/legal guardian of _____

do hereby authorize Jerry J. Kelley to seek any medical and/or surgical treatment necessary for treatment necessary for the care my child.
Program Director

The above-designated Program Director is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be fully responsible. Also, I authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature _____ Relationship to Child _____

Daytime/Work Emergency Phone Number _____

Complete Address _____

THE AMERICAN LEGION, DEPT. OF MICHIGAN BOYS STATE PROGRAM

Field Trip Permission Form

Your son (**only if selected to an elected position**) will be attending a field trip to the following:

Date June 23, 2017 *Time* 7:00 a.m. to 3:00 p.m.

Location Grand Valley State University in Allendale, Michigan to Capitol Building and Other Government Offices located in downtown Lansing, Michigan and back to GVSU in Allendale, Michigan

Transportation Allendale Public School System

Notes If your son has any special needs that our staff must be aware of while attending the field trip, list them here:

Please give this permission slip to your Boys State City Counselor on **June 18, 2017.**

I give permission for my son (Print Full Name):

To attend the field trip to: **Capitol Building and Other Government Offices in Lansing, Michigan** On: **June 23, 2017**

From: **Grand Valley State University in Allendale, Michigan**

In case of an emergency, I give permission for my son to receive medical treatment. In case of such an emergency, please contact the person listed below:

Name:

Phone:

Parent/Guardian Signature:

Date:

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PARENTAL/GUARDIAN PHOTO AND VIDEO CONSENT FORM
FOR BOYS STATE DVD YEARBOOK

We are providing you this parental/guardian consent form to both inform you and to request permission for your son's photo/image to be published in our Boys State Yearbook, other Boys State materials, Social Media sites and on our Boys State Websites.

Pursuant to law, we will not release any photo/image without prior consent from you as a parent/guardian by using this form.

Check one of the following choices:

- I GRANT** permission for photo/image of my son to be published in the Boys State yearbook and on the internet.
- I DO NOT GRANT** permission for photo/image of my son to be published in the Boys State yearbook and on the internet.

Boys State Attendee's Name: _____
(Print Name)

Name of Parent/Guardian: _____
(Print Name)

Signature of Parent/Guardian: _____
(Sign Name)

Relationship to Boys State Attendee: _____
(Print Relationship)

Date: _____

The American Legion, Department of Michigan Boys State Program

June 18 - 24, 2016

LETTER OF UNDERSTANDING

Return to your Boys State city counselor on registration day
June 18th.

By accepting the nomination to attend Boys State, I agree to adhere to the following conditions:

1. To participate in an active, constructive, and positive way.
2. To cooperate with the Boys State staff at all times.
3. To attend the entire seven-day session unless excused by written permission from parent that should be attached to this form.
4. To stay within the boundaries announced by the Boys State staff.
5. To respect university property and the property of others.
6. To be courteous and respectful to guests and speakers.
7. To refrain from the use of alcohol and controlled substances.
8. To leave squirt guns, water balloons, skateboards and fireworks at home.
9. To obey the rules of the program and not hinder its smooth operation.
10. To have a good time and learn!

Boys Stater

Parent/Guardian

Date

If you plan on running for the House of Representatives or Senate, read the following information and fill out the bill form before you arrive and bring with you to Boys State on June 18, 2017.

Bill Writing Ideas and Tips

Ideas For Your Bill

Ideas for bill can come from many places. Often citizens, interests groups or legislators themselves will come up with ideas for bills.

- The bill should be something that you care about and believe in.
- There are many ideas for bills that can be found in your own communities. Think of some issues that your community is faced with and how you would attempt to fix them. Look in your local newspaper or watch your local television news for ideas and information.
- Other ideas can come from issues that are facing the State of Michigan right now. Again your local newspapers and television news are great sources of information.

Tips For Writing Your Bill

A bill is a proposal for some call to action, and when writing a bill there are some things that you should keep in mind.

- **Single Purpose:** Your bill should have a single purpose and effect. There should be no more than one action per bill.
- **Importance to Boys State:** Does this bill serve the public interest of the citizens of Boys State? Also ask yourself, who is effected by my bill? The wider the variety of people that you are effecting, the better.
- **Feasibility:** Is your bill realistic? Can your idea be carried out and who will pay for it? Cost is always a factor.
- **Debatability:** Can your bill be debated? Is there an opposing side to your idea? If not you may want to rethink it and come up with another bill idea.
- **Constitutionality:** Make sure that you bill is constitutional and would not be in violation of any laws. This may take some research on your part.
- **Penalties:** What would be the penalties if a citizen violated the idea you are proposing? It may be helpful to think about this or do some research on this.
- **Applicability:** Is this an issue that the state has the power to deal with? You might want to check to make sure your issue is appropriate to the state legislature.

HOUSE/SENATE BILL No. _____

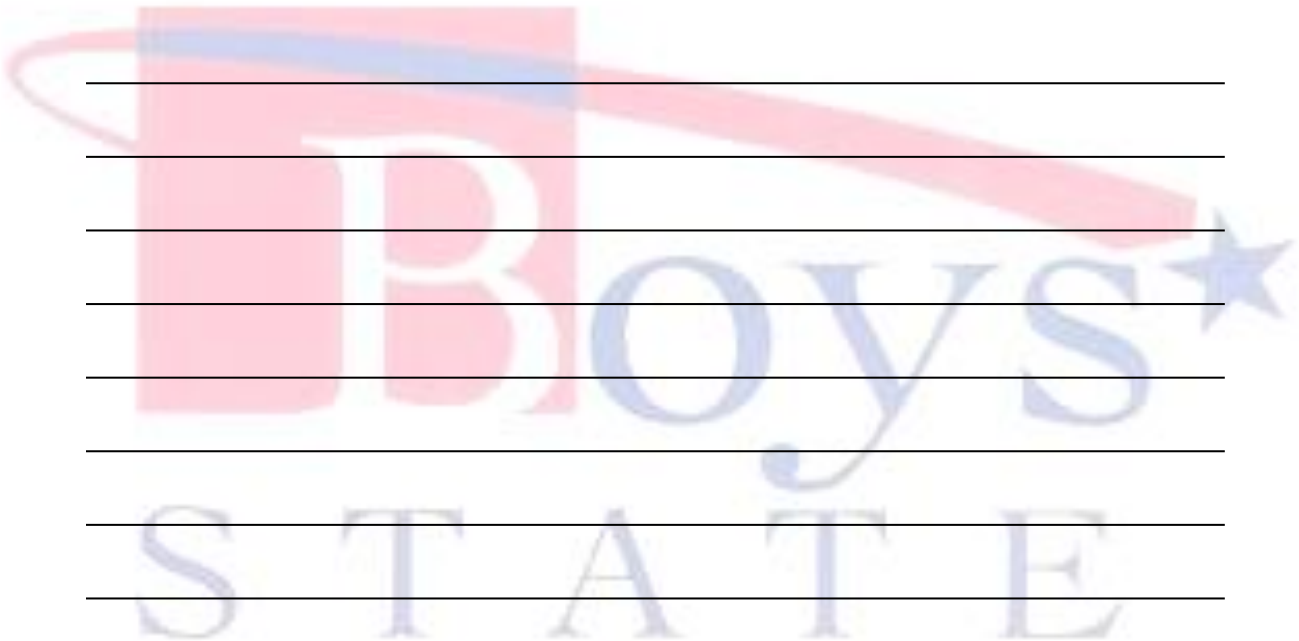
June ____, 2017, Introduced by Representative/Senator

_____ .

A bill to _____

The People of Boys State Enact:

AMERICAN LEGION





American Red Cross



Michigan Boys State Partners with the American Red Cross

Michigan Boys State participants will organize and operate a valuable community service project – a blood drive with the American Red Cross!

More details will be available later, but be thinking about what role you might like to perform in this project:

- Giving blood
- Planning and organization
- Advertising & recruiting

WHY IS BLOOD DONATION IMPORTANT?

- **By donating blood once, you could help up to three people!** Every donation of whole blood can be divided into three parts – red cells, platelets and plasma – which could potentially help three different individuals.
- Every two seconds, someone in the United States needs blood. More than 30 million blood donations are needed every year to ensure blood will be there for patients who need it.
- **In the Great Lakes Region alone, more than 700 units of blood are needed every day** to meet the needs of patients in hospitals across Michigan.
- Blood products are needed by many different kinds of people – those who need organ transplants, patients undergoing surgeries, premature babies, accident victims, cancer patients, those with sickle cell and other blood disorders, and burn victims – ***you may not even realize you know someone who has needed blood.***
- **There is no substitute for blood donations.** Patients depend on the kindness and generosity of volunteer blood donors to provide blood they need.
- Being part of the volunteer blood program allows you to help make sure blood will be available if ***someone you love*** needs it.
- Donating blood is ***one SMALL thing you can do to help someone else in a very BIG way.***

Sign up for your donation time in the Boys State Office located in the Holton-Hooker Dorm.



Note: Blood donors must be at least 17 years old (16 with parental consent – available at: redcrossblood.org/students/sixteen) on June 18, 2017, weigh a minimum 110 pounds, be in good health, and present a donor card or positive photo ID (i.e. passport, driver's license) upon donation.

Learn more about American Red Cross Blood Services:
1-800-RED-CROSS | redcrossblood.org

Form: Parental Consent for Blood Donation

Information

This form must be completed by a parent or legal guardian for blood donation by a minor when parental consent is required by state law or American Red Cross policy. Please call us at **1-800-RED-CROSS (1-800-733-2767)** or visit www.redcrossblood.org if you have questions or concerns about the blood donation process.

Parental Consent

I have read and understand

- The information on the back of this form
- "A Student's Guide to Blood Donation"
- Any research-related study sheets that were provided

In giving consent for your son, daughter, or ward to donate blood, you have **two options**.

Please complete Option 1 or Option 2 to indicate what type of donation you are consenting to.

(Please use medium-point black pen.)

OPTION 1: Whole Blood Donation Only

I hereby give permission for my son, daughter, or ward to make a whole blood donation to the American Red Cross.

Donor Name: (son, daughter, or ward) _____
Print Name

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature *Today's Date (mm/dd/yyyy)*

Optional Parent/Guardian Phone Number: _____
Where you can be reached on day of donation

OPTION 2: Apheresis or Whole Blood Donation

I hereby give permission for my son, daughter, or ward to give blood by either apheresis or whole blood donation to the American Red Cross (*see back of form for details*).

Donor Name: (son, daughter, or ward) _____
Print Name

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature *Today's Date (mm/dd/yyyy)*

Optional Parent/Guardian Phone Number: _____
Where you can be reached on day of donation

For American Red Cross Use Only WBN/DIN

Information for Parents

Please read the information below, which supplements the brochure called "A Student's Guide to Blood Donation."

Donor Screening

- We will ask your son, daughter, or ward questions about his or her health and medication use, sexual behavior, travel, and other risk factors for infectious diseases during a private and confidential interview.
- Every donation is tested for HIV (the virus that causes AIDS), hepatitis B and hepatitis C viruses, and other infectious diseases.
- If any test result or response to the questions suggests that your son or daughter is disqualified from donating blood in the future or may have an infectious disease, his or her name will be added to a confidential list of people who have similar test results or risk factors. When required, we report donor information, including test results, to health departments and regulatory agencies.
- The tests are very sensitive and detect most infections. But it is also possible that donors who are not infected will have falsely positive results. We are required to notify and disqualify donors even when subsequent test results indicate that the donor is not infected.
- We will communicate test results that disqualify your son or daughter from future donation directly with your son or daughter. We maintain the confidentiality of information we obtain about a donor and we will release a donor's confidential information to his or her parents only with the donor's consent.

Whole Blood Donation

- Each whole blood donation uses a new, sterile needle to collect about a pint of blood from a vein in the donor's arm.
- Most donors feel fine before and after donating blood, but some may have a lightheaded or dizzy feeling; an upset stomach; a black and blue mark, redness, or pain where the needle was; fainting or loss of consciousness and injury from related falls; or very rarely, nerve or artery damage.
- Young, first time, or low-weight donors are more likely to experience reactions than other donors.
- Blood donation removes iron and may cause or aggravate iron-deficiency anemia.

Apheresis (automated collection procedures, including two-unit (double) red cell collections)

- Apheresis is a type of blood donation in which we collect specific components of the donor's blood (platelets, plasma, or red cells). We place a needle in one or both of the donor's arms and use a machine to draw blood and separate it into different parts. One or several of the blood components are removed while the remainder and extra fluids are returned to the donor.
- Apheresis has the same risks as whole blood donation (see above). In addition, citrate is used during apheresis to prevent blood clotting. Citrate may cause chills, tingling sensations, feelings of anxiety, tremors, muscle cramping, numbness, nausea, vomiting, and/or convulsions. Donors may be given oral calcium supplements during the apheresis procedure to manage these symptoms. Very rarely, donors can experience allergic reactions (for example, skin rashes, hives, localized swelling, and/or flushing), air in the bloodstream, infection, or other complications.
- Repeated donation may result in iron depletion, anemia, fatigue, or changes in blood cell counts.

Research

- We may confidentially and anonymously use the information or leftover blood samples we collect from donors for medical research, such as research on ways to increase the safety of the blood supply.
- By giving your son or daughter permission to donate blood, you are also consenting to the use of the donation and donor information for this type of research.