



THE AMERICAN LEGION  
Department of Maryland, Inc.

+ BOYS STATE

The War Memorial, Baltimore, Maryland 21202  
(410) 752-3104

December 19, 2014

Dear 11<sup>th</sup> Grade Counselor,

The American Legion 2015 MD Boys State Program will be held at McDaniel College, Westminster, Maryland from June 21 – 27, 2015. The State Superintendent for the Maryland State Board of Education fully supports this program. Tuition for the program for accepted Boys is fully funded by The American Legion, Department of Maryland Posts and sponsors.

The program's aim is to expose current high school juniors to the United States Constitutional form of government. The program will emphasize the necessity of their future active participation as a citizen in the government process to insure continuing freedoms and rights.

The experienced instructors at Boys State offer the students an opportunity of a lifetime to immerse themselves in to the creation of a government among equal citizens selected from the finest young men in MD high schools. The challenge to create a functioning City and State government allows the young men to focus their talents in areas seldom explored in a normal classroom environment.

Presenters include politicians from the local and State levels of government, and also many special interest topics to young adults. Highlights of the week include a trip to the State Capitol for a Boys State session in the MD House of Delegates' chamber, sports, political simulations, along with City, State, and National elections, where 2 young men earn the right to represent Maryland at Boys Nation in Washington, DC.

The events this year will feature our simulation program. This unique program explores the differences between the State Constitution of Maryland and the Federal Constitution, with written source material provided that spotlight issues of current legislation pending before Congress and the previous State Legislative session.

The students are required to work as a team under close supervision. The students are encouraged to produce and create on their own, initiative, within their political parties, as potential leaders and candidates for future elective public office. We consider this a week of learning and group participation. The experiences gained at Boys State stay with the student their whole life.

Enclosed is a handbook from last year's program for your reference. A sample handbook can be located at our website <http://www.mdlegion.org/boysstate.htm>.

The need to obtain a college education to compete in the modern world with changing technologies is emphasized by our guest speakers. Boys State is an excellent addition to any college application, and is a highly coveted entry on applications to Service Academies.

There is an opportunity to earn college credits for the week-long program through Clemson University. All details of this opportunity may be found at <http://www.theacenetwork.com/ed190/> . The Department of MD's part in the program is to verify graduation from the program, the college credit opportunity is managed fully by Clemson and The ACE network.

Boys who attend in 2015 may apply for the Samsung Scholarship grant, which last year amounted to \$1,100. More information and the application can be found at [www.legion.org/scholarships/samsung](http://www.legion.org/scholarships/samsung). The 2015 application should be posted to the above website by Spring 2015 and can then be downloaded for completion and submission. Remember these applications **MUST** be typed. The completed application with supporting documents must be presented at Boys State on June 21, 2015. Please advise your students that proof of military eligibility by their parents, grandparents, great grandparents, or legally adopted parent who served during a period of war is required for the Samsung Scholarship. If the applicant needs to obtain a copy of the veteran's DD Form 214 go to the website [www.NARA.gov](http://www.NARA.gov).

The enclosed application forms may be duplicated as necessary. We ask that any student that may be interested fill out Boys State application completely and return it to the Guidance Office to be picked up by a local American Legion Post. If there is no local American Legion Post, send the completed application to Department Headquarters, 101 N. Gay Street, Room E, Baltimore, Maryland 21202. For questions concerning the program call 410-752-3104. For additional information contact The American Legion, Department of MD at [steve@mdlegion.org](mailto:steve@mdlegion.org) or at 410-752-1405.

Completed Boys State Application must be received at The American Legion, Department of Maryland Headquarters no later than May 15, 2015.

Sincerely,

Roger W. Butt, Director  
The American Legion  
Maryland Boys State Program

PO Box 1127  
Emmitsburg, Maryland 21727

enclosures: Boys State Application  
Boys State Program Book

Note: There is a companion program named Girls State conducted by The American Legion Auxiliary for young women completing their Junior year in high school. For more information on that program contact the Auxiliary at [hq@alamd.org](mailto:hq@alamd.org) or 410-242-9519. Their website for the application process is: [http://www.alamd.org/Home/GirlsState\\_5-App\\_Sel\\_Process.html](http://www.alamd.org/Home/GirlsState_5-App_Sel_Process.html)

PLEASE PRINT OR TYPE - COMPLETE THE APPLICATION IN ITS ENTIRETY AND RETURN IT TO YOUR COUNSELOR OR AMERICAN LEGION POST.



APPLICATION FOR
MARYLAND AMERICAN LEGION BOYS STATE
THE WAR MEMORIAL BUILDING
101 NORTH GAY STREET
BALTIMORE, MARYLAND 21202
(410) 752-1405

THIS SECTION IS TO BE COMPLETED BY THE SPONSORING AMERICAN LEGION POST

SPONSOR: POST #: TELEPHONE:

POST CHAIRMAN: CO-SPONSOR:

ADDRESS: CITY: STATE: ZIP:

THIS SECTION TO BE COMPLETED BY THE BOY STATER (APPLICANT)

APPLICANT'S

NAME: (last) (first) (mi) D.O.B. e-mail:

ADDRESS: CITY: COUNTY:

STATE: ZIP CODE: T-SHIRT SIZE: M L XL

PARENT/LEGAL GUARDIANS

FATHER: (name) e-mail:

HOME TELEPHONE: WORK TELEPHONE:

MOTHER (name) e-mail:

HOME TELEPHONE: WORK TELEPHONE:

PLEASE LIST SECOND CONTACT PERSON IN CASE YOU ARE UNAVAILABLE WHEN NEEDED

NAME PHONE#

SCHOOL CERTIFICATION

We recommend this student of the Junior Class as a candidate for the Boys State Program. We believe he has the qualifications of character, integrity, leadership, intelligence and interest that would allow him to be a successful participant in the program.

SCHOOL NAME: TELEPHONE:

ADDRESS: CITY: STATE: ZIP:

COUNSELOR'S SIGNATURE: DATE:

APPLICANT'S CERTIFICATION

If accepted for Maryland American Legion Boys State, I agree to abide by all of the rules and regulations and will not leave the Program, except for emergencies authorized by my parent or legal guardian. I further certify that I have read and I am familiar with all of the information and regulations PREVIOUSLY SUBMITTED to me from The American Legion Department Headquarters and my sponsoring Post.

APPLICANT'S SIGNATURE: DATE:

MD Boys State Health History Form  
(to be filled out by parent/guardian of minor)

**Important: This form must be completed, along with any medication authorization forms and sent with application. This form and medication authorizations are maintained by Staff Medical personnel. Some information is duplicative of information in application. This form required for attendance!**

If you are unable to sign this form for religious reasons please contact Steve Tatro at 410-752-1405.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Number & Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_

Health History (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Frequent Ear Infections       | <input type="checkbox"/> Heart Defect/Disease  |
| <input type="checkbox"/> Convulsions                   | <input type="checkbox"/> Diabetes              |
| <input type="checkbox"/> Bleeding/Clotting Disorders   | <input type="checkbox"/> Hypertension          |
| <input type="checkbox"/> Mononucleosis                 | <input type="checkbox"/> Psychiatric Treatment |
| <input type="checkbox"/> Other (please describe) _____ |  |

Diseases (Check all that apply)

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Chicken Pox                   | <input type="checkbox"/> Measles |
| <input type="checkbox"/> German Measles                | <input type="checkbox"/> Mumps   |
| <input type="checkbox"/> Other (please describe) _____ |                                  |

Allergies (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Hay Fever                  | <input type="checkbox"/> Ivy/Oak Poisoning, etc. |
| <input type="checkbox"/> Insect Stings              | <input type="checkbox"/> Penicillin              |
| <input type="checkbox"/> Other Drug (specify) _____ | <input type="checkbox"/> Other, Specify _____    |

Medical/Hospital Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Certificate: \_\_\_\_\_ Employer: \_\_\_\_\_

Group # \_\_\_\_\_ Plan Administrator: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Address of Insurer: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If Military Dependent, provide ID Number: \_\_\_\_\_

This Health History is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment

I hereby give permission to the medical personnel selected by the Boys State Director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys State Director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips off of campus.

Signature of Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Camper Agreement:** I also understand and agree to abide by the restrictions placed on my activities

Signature of Minor \_\_\_\_\_ Date \_\_\_\_\_

# MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)  
Center for Healthy Homes and Community Services (CHHCS)  
6 St. Paul Street, Suite 1301  
Baltimore, Maryland 21202-1608  
(410) 767-8417 FAX (410) 333-8926  
Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR			
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> <li>• Prescription medication must be in a container labeled by the pharmacist or prescriber.</li> <li>• Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.</li> <li>• An adult must bring the medication to the camp and give the medication to an adult staff member.</li> </ul>			
II. CAMP INFORMATION			
YOUTH CAMP NAME			
PHYSICAL ADDRESS			
CITY		STATE	ZIPCODE
III. PRESCRIBER'S AUTHORIZATION			
CHILD'S NAME		DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATION NAME	DOSE	ROUTE	
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED (NOT TO EXCEED 1 YEAR)	FROM	TO	
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
PRESCRIBER'S SIGNATURE (Parent cannot sign here) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			DATE
IV. PARENT/GUARDIAN AUTHORIZATION			
<p>I request authorized youth camp operator/staff to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I confirm that, if the medication above is a prescription medication, the child has at some point taken the medication prior to attending camp.</p>			
PARENT/GUARDIAN SIGNATURE			DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY			
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>			
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication	DATE	
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication	DATE	

# BOYS STATE PACKING LIST

**The following list represents the ONLY items needed for participation in the Boys State Program.**

**Wear to the program check-in khaki or blue shorts with belt, presentable t-shirt, white socks, and comfortable yet presentable sneakers.**

- \_\_\_ Five pair of khaki and/or blue shorts.
- \_\_\_ Five athletic t-shirts
- \_\_\_ Five pair of athletic shorts
- \_\_\_ Six pair of underwear
- \_\_\_ Five pair of white socks
- \_\_\_ One pair of khaki long pants (for graduation program)
- \_\_\_ One pair of brown socks
- \_\_\_ One plain white t-shirt
- \_\_\_ One brown belt (for khaki pants)
- \_\_\_ One pair of brown shoes to go with khaki pants (for graduation program)  
(The shirt for graduation will be provided by the program)
- \_\_\_ Shave kit (including soap & shampoo)
- \_\_\_ One pair of shower shoes
- \_\_\_ One bath towel and wash cloth
- \_\_\_ One pair of swim trunks
- \_\_\_ One cheap wrist watch (optional)
- \_\_\_ One roll of quarters (no additional money required)
- \_\_\_ Couple of pens
- \_\_\_ Light waterproof windbreaker
- \_\_\_ Small Desk Fan is permissible (Dorm Rooms are not air conditioned)

- If you play a musical instrument, PLEASE bring it with you along with assorted sheet music (pianos are available).
- If you have an on stage talent such as, but not limited to juggling, magic, martial arts, etc. and props are required, please bring the props with you.
- If you are in a ROTC rifle drill team, please bring your drill rifle with you (the drill rifle will be secured when not in use).
- Athletic equipment – Bring your ball glove, swimming trunks, and walking shorts; do not bring baseball bats, lacrosse sticks, tennis racquets, or footballs

## **DO NOT BRING**

The following items are not required for the program and will be confiscated if brought: ANY TYPE OF CELL PHONE or any type of electronic device or equipment (computers, radios, clocks, etc) / drugs other than prescribed / any type of tobacco product / food, drinks, candy, and/or gum / reading materials other than religious / knives, scissors, or multi-purpose tools / toys, games, or stuffed animals / hats / sunglasses / sports equipment other than noted above / valuable items / jewelry other than medical alert bracelet or necklace / laundry detergent. Once again, these items are NOT needed for the program.

THE AMERICAN LEGION



AMERICAN LEGION AUXILIARY



Are you up for the challenge?

The nation's premier program to develop tomorrow's leaders.  
If you're up for it, we'll give you a week that will shape your lifetime.

[www.boysandgirlsstate.org](http://www.boysandgirlsstate.org)  
[www.mdlegion.org/boysstate.htm](http://www.mdlegion.org/boysstate.htm)

For more information  
contact your guidance counselor.