AMERICAN LEGION AUXILIARY GIRLS STATE
PARTICIPANT MEDICAL INFORMATION

Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Phone # - Home: _____ Work _____

Cell #: _____

Physician Name and Phone #: _____

MEDICAL HISTORY

Have you ever had or do you have any of the following medical problems?

	YES	NO		YES	NO
Allergies			Stomach Problems		
Diabetes			Back Pain or Injury		
Asthma			Joint Pain or Injury		
Severe Headaches			Hepatitis		
Seizures			Drug Problems		
Depression			Dizziness		
Broken Bones			Visual Problems		
High Blood Pressure			Ear, Nose, Throat Problems		
Heart Problems			Eating disorders		
			Other		

Explain all "YES" answers

Are you currently under a doctor's care? If so, for what?

Are you taking any prescription medications? If so, list drug, dosage, and frequency.

Are you taking over the counter medications? If so, list drug, dosage, frequency, and for what reason?

Please list any surgeries you have had in the last year.

Date of last physical examination:

Parent/Guardian Signature: _____

Date: _____

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Consent to Medical Treatment and Hospital Services

This will certify that I(we), the undersigned, parent(s) or guardian of _____ do, in the event that our (my) daughter becomes a participating member of the American Legion Auxiliary Girls State, to he held in (location)_____(Dates) _____, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the admisistration of an anesthetic, laboratory procedures, medical or surgical treatment, X-ray examination, or other hospital services. Permission is also granted for minor treatment, including the use of emergeny first aid medications by the ALA Girls State staff or nurse.

NAME: _____

DATE OF BIRTH: _____/_____/_____ (dd/mm/yyyy)

PARENT/ GUARDIAN CONTACT - NAME: _____ PHONE: _____

WORK #: _____ CELL # _____

Please Attach Front and Back of Insurance Card

FRONT BACK

_____
Signature of Parent/Guardian

Dated this _____ day of _____, 20_____

_____
Signature of Parent/Guardian

Dated this _____ day of _____, 20_____

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