

American Legion Auxiliary
Florida Girls State
Physical History

This form is to be signed, notarized and submitted at check in.

Name _____ DOB: _____

Parent/Guardian _____

Street Address _____

City, Zip _____

Home Phone _____ Parent/Guardian Cell _____

Emergency Contact _____ Phone _____

2nd Emergency Contact _____ Phone _____

Contact relationship _____

Physician _____ Phone _____

YES

NO

Are your immunization up to date: _____

Do you have diabetes _____

Do you have asthma or any other respiratory conditions _____

Please list any menstrual problems _____

Have you ever fainted _____

Do you suffer from headaches or migraines _____

Do you have any current stomach problems _____

Do you consider yourself in good physical health _____

Do you have an anxiety disorder _____

Have you been exposed to any infectious diseases in the last two (2) weeks _____

Are you currently taking any prescription or over the counter medications, (even if just occasional use) If yes, please list medication, dose and frequency _____

Do you have any allergies to food, medications or environmental items. If Yes, please list all allergies _____

Do you have any physical limitations and/or need any special accommodations? **(FL Girls State averages walking 6 miles per day. Girls State is an active program.)** Will you be able to participate? _____

Please list any food considerations/dietary restrictions we should be aware of (vegetarian, gluten free, etc) _____

Please list any medical conditions we should be aware of _____

SHOULD DELEGATE BECOME ILL DURING GIRLS STATE, PARENTS WILL BE RESPONSIBLE FOR ANY EXPENSES INCURRED.

I give permission for my daughter to be treated in case of illness or injury while attending American Legion Auxiliary Florida Girls State.

Name of insurance company _____ PLEASE SEND A **COPY OF BOTH SIDES** OF YOUR INSURANCE CARD WHEN SUBMITTING THIS FORM.

In witness of the undersigned parent/guardian of the above delegate _____ has executed this statement of voluntary consent on this _____ date of _____.

Sworn and subscribed before me this _____ date of _____.

Parent/Guardian
Personally Known _____
Photo ID _____

Notary Public, State of Florida
Address: _____

Phone: _____

Seal