

**American Legion Auxiliary
Florida Girls State 2020
PHYSICAL HISTORY FORM**

This form must be signed, notarized, and submitted at online registration.

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 immunizations 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 experience anxiety?	_____	_____
Do you have an anxiety disorder?	_____	_____
Have you been exposed to any infectious diseases in the last two weeks?	_____	_____
Are you currently taking any prescription or over-the-counter-medications, even if just occasional use?	_____	_____
If yes, please list medication(s), dose and frequency. _____		

Please list all medical conditions we should be aware of. _____

Do you have any **allergies** to food, medications, or environmental items? _____

If Yes, please list all allergies. _____

(NOTE: If you have Food allergies, you must fill out the Food Form and submit it at registration.)

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.*) _____

If yes, please list. _____

Will you be able to participate? _____

.....
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 INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD WHEN SUBMITTING THIS FORM.

_____ My daughter **DOES NOT** have insurance coverage.

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

My signature below is acknowledgement of my personal responsibility for any medical costs incurred. I understand that Florida State University or American Legion Auxiliary Department of Florida Girls State is not responsible for any medical cost for my daughter.

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

Notary Public, State of Florida

Personally Known _____

Address: _____

Photo ID _____

Phone: _____

Seal: