

**American Legion Auxiliary  
Florida Girls State 2022  
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 \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Contact relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_



	<b>YES</b>	<b>NO</b>
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 including COVID.

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:**