

**This form must be signed, notarized, and MAILED to:**

American Legion Auxiliary, Dept of FL  
1912 A Lee Rd  
Orlando, FL 32810  
ATTN: Girls State Med Form

**American Legion Auxiliary  
Florida Girls State 2023  
MEDICAL HISTORY FORM**

Registration # \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, Zip \_\_\_\_\_ FL, \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

Physician \_\_\_\_\_

\*\*\*\*\*

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?

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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.**

Does Delegate/Alternate have insurance?

**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

\_\_\_\_\_  
Notary Public, State of Florida

Personally Known \_\_\_\_\_

Address: \_\_\_\_\_

Photo ID \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Seal:**