

American Legion Auxiliary New Mexico Girls State **Medical Form**



For Office Use Only  
Assigned City:  
\_\_\_\_\_

Mail original form by May 15 or  
email copy to [director@alanmgirlsstate.org](mailto:director@alanmgirlsstate.org) and bring original to check-in.

NAME \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT/ GUARDIAN CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOUR IMMUNIZATIONS UP TO DATE? YES NO

DO YOU HAVE DIABETES? YES NO

DO YOU HAVE ASTHMA OR ANY OTHER RESPIRATORY CONDITIONS? YES NO

DO YOU HAVE PROBLEMS WITH HIGH/LOW BLOOD PRESSURE? YES NO

PLEASE LIST ANY MENSTRUAL PROBLEMS \_\_\_\_\_

HAVE YOU EVER FAINTED? YES NO

DO YOU SUFFERE FROM HA OR MIGRAINES? YES NO

DO YOU HAVE ANY CURRENT STOMACH PROBLEMS? YES NO

DO YOU CONSIDER YOURSELF IN GOOD PHYSICAL HEALTH? YES NO

HAVE YOU BEEN EXPOSED TO ANY INFECTIOUS DISEASES IN THE PAST TWO (2) WEEKS? YES NO

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION OR OVER THE COUNTER MEDICATIONS (EVEN IF JUST OCCASIONAL USE)? YES NO

IF YES, PLEASE LIST MEDICATION, DOSE AND FREQUENCY \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES TO FOOD, MEDICATIONS OR ENVIRONMENTAL ITEMS? YES NO

IF YES, PLEASE LIST ALL ALLERGIES \_\_\_\_\_

**PARENTS: PLEASE READ BACK PAGE,  
FILL OUT REST OF FORM AND HAVE NOTORIZED.**

DO YOU HAVE ANY PHYSICAL LIMITATIONS AND/OR NEED ANY SPECIAL ACCOMODATIONS? YES NO  
IF SO, PLEASE LIST \_\_\_\_\_

PLEASE LIST ANY FOOD CONSIDERATIONS/ DIETARY RESTRICTIONS WE SHOULD BE AWARE OF (VEGETARION, GLUTEN FREE, ETC) \_\_\_\_\_

PLEASE LIST ANY CURRENT MEDICAL CONDITIONS WE SHOULD BE AWARE OF \_\_\_\_\_

THIS IS A WEEK OF ACTIVITY, IS YOUR DAUGHTER PHYSICALLY ABLE TO PARTICIPATE IN THIS TYPE OF ACTIVITY? YES NO

I GIVE PERMISSION FOR MY DAUGHTER TO BE ISSUED OVER THE COUNTER MEDICATION AS NEEDED BY THE NURSE. YES NO

**IF YOU SHOULD BECOME ILL YOUR PARENTS WILL BE RESPONSIBLE FOR ANY EXPENSES INCURRED.**

Name of insurance company \_\_\_\_\_

**PLEASE SEND A COPY OF BOTH SIDES OF YOUR INSURANCE CARD WHEN RETURNING THIS FORM, IF AVAILABLE.**

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

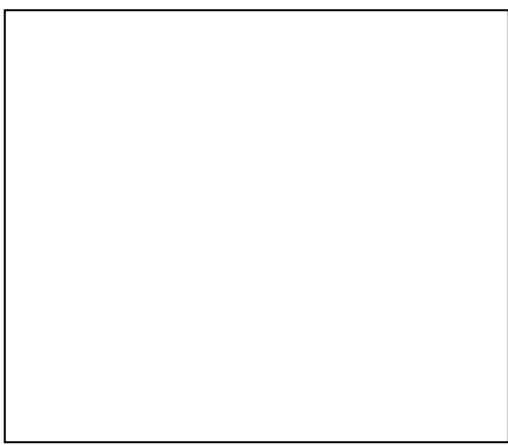
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of ALA NM Girls State Attendee \_\_\_\_\_ Date \_\_\_\_\_

Notarized \_\_\_\_\_

Date \_\_\_\_\_

Expiration date \_\_\_\_\_



**BE SURE THIS FORM IS NOTARIZED!**