Name_____Counselor_____Room #_____

AMERICAN LEGION AUXILIARY COLORADO GIRLS STATE 2023

CONFIDENTIAL MEDICAL RECORD

Name_____Cell #_____Birthdate____/____/_____

Address_____

Parent or Guardians Names _____

Phone Numbers C/_____W/_____H/_____

Person to notify in case of emergency if no answer at the above numbers.

Name_____Relationship to delegate_____

Address_____

Phone Numbers C/_____W/_____H/_____

Primary Care Physician _____Phone #_____

Address _____

Do you have any significant illness, disability, or existing emotional conditions? If so, please explain.

_____

_____

_____

_____

Please check if you have or have had any of the following that may affect your ability to participate:

_____Epilepsy	_____Bulimia	_____Diabetes	_____Immunosuppressed Illness
_____Anorexia	_____Asthma	_____Fainting	_____Anxiety Attacks
_____Heart Problems	_____Head injury	_____High Blood Pressure	_____Exercise Induced Wheezing

_____Emotional/Psychiatric/Behavioral Problems

Please explain any of the above that you have checked.

_____

_____

_____

_____

Name _____

Have you had any significant illnesses, injuries or surgeries that may affect your ability to participate? Please explain.

_____

_____

_____

_____

Allergies (food, medications, other); Please specify what the allergy is, your reaction and your treatment.

_____

_____

_____

_____

List of medications you are taking including over the counter medications.

Medication	Dosage	Method of Administration

_____

_____

_____

_____

_____

_____

_____

_____

May your daughter be given any of the following over the counter medications by the Nurse on staff? If so, what dosage?

_____Tylenol (Acetaminophen)

_____ Motrin (ibuprofen)

_____ Excedrin

_____ Benadryl

_____ Other (Please Specify_____

_____

Are your immunizations up to date? _____Yes _____ No

DPT/DT _____

COVID 19 #1_____, #2_____, Booster #1_____

Booster #2_____, Booster #3_____

Name _____

Health Insurance Information

*******PLEASE SCAN AND ATTACH A COPY OF YOUR INSURANCE CARD*******

Insurance Company _____

Group Name/Number _____

Policy Number _____

Name of Policy Holder _____

PARENT OR GUARDIAN CONSENT

In consideration of the instructions and training to be given my daughter at ALA CO Girls State, I do hereby release and discharge the American Legion Auxiliary, Department of Colorado, ALA CO Girls State, its officers, agents, instructors, and employees from all claims, demands, damages, suits, actions, or causes of action which I may, can or shall have by reason of any illness, injury, or accident incurred, or suffered by my said daughter while in attendance or in connection with travel to and from the activities of the above organization, no matter how caused or occasioned.

I authorize necessary and appropriate medical treatment.

I have also read and agree to the above consent this _____day of _____, 2023.

_____ _____

Parent or Guardian signature #1 Phone number

_____ _____

Parent or Guardian signature #1 Phone number