

**American Legion Auxiliary
Colorado Girls State
Counselor's Medical Information**

Dear ALA Colorado Girls State Counselor:

Complete this form and bring with you to the American Legion Auxiliary Colorado Girls State session. Please print.

Name: _____
 Last First Middle initial

Address: _____
 Street City Zip

Do you have problems with any of the following? (Check all that apply)

Eyes ___ Ears ___ Asthma ___ Diabetes ___ Hay fever ___ Allergies ___ Other ___

If you answered yes to any of the above, explain here: _____

Insurance information:

Insurance Company: _____

Group Name/Number: _____ Policy Number: _____

Emergency contact information:

Name: _____
 Last First Relationship

Telephone numbers:

 Home phone number Cell phone number