

To be filled in by ALA Department

Name \_\_\_\_\_ Counselor \_\_\_\_\_ Room # \_\_\_\_\_

**Medical Certificate  
ALA CO Girls State**

Name \_\_\_\_\_  
Last First Middle initial

Address \_\_\_\_\_  
Street City Zip

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

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Mental Health \_\_\_\_\_ Allergies \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Other \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

If you are currently taking any medications, state name, dosage, and method of administration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last DPT/DT \_\_\_\_\_

Date of last MMR booster \_\_\_\_\_

As of April 18<sup>th</sup>, There are no restrictions pertaining to the COVID-19 vaccinations. If you have had your vaccinations, please list below.

Date of COVID-19 #1 \_\_\_\_\_

#2 \_\_\_\_\_

Booster #1 \_\_\_\_\_

Booster #2 \_\_\_\_\_

Delegates Name \_\_\_\_\_

Please note any physical limitations or special requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Insurance Company: \_\_\_\_\_

Group Name/Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

(Please attach a copy of your current medical insurance card)

I have read and agree to the above consent this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian signature (s)

\_\_\_\_\_  
home phone #

\_\_\_\_\_  
Work phone #      Parent or Guardian #1

\_\_\_\_\_  
Cell phone #      Parent or Guardian #1

\_\_\_\_\_  
Work phone #      Parent or Guardian #2

\_\_\_\_\_  
Cell phone #      Parent or Guardian #2