

GIRLS STATE



MEDICAL CERTIFICATE

(This section to be completed by Physician)

NAME _____

ADDRESS _____
(Street, City, State, Zip Code)

BIRTH DATE _____
(Month, Day, Year)

Girls State by nature is strenuous, both physically and emotionally; therefore, ability to cope adequately with these conditions should be seriously considered when completing this statement.

PAST ILLNESSES

Measles _____ Mumps _____ Chickenpox _____ Smallpox _____ Diphtheria _____
Scarlet Fever _____ Poliomyelitis _____ Typhoid Fever _____ Hepatitis _____ Mononucleosis _____

PRESENT STATE OF HEALTH (yes or no)

Diabetes _____ Epilepsy _____ Asthma _____ Ulcer _____ Heart Condition _____
Vision Impairment _____ Ear or Sinus _____ Sore Throat _____ Allergies _____
Drug or Emotional Problem _____ Other physical conditions? _____
Prescribed Medication _____
If yes, describe _____

I certify that I have examined this person and she is in good physical condition.

Signature of Examining Physician _____

Date: _____

Note: This form must be completed 30 days prior to leaving for Girls State as this certificate must be presented when registering. No girl will be accepted for registration without this certificate.

(This section to be completed by Parent or Guardian)

CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

This will certify that we, the undersigned, (Parents) or (Guardians) of _____, do (does), in the event that my (our) daughter becomes a participating member of the American Legion Auxiliary's Girls State, to be held in _____ (Inclusive), hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, X-ray examination, or other hospital services.

HOSPITALIZATION INSURANCE CO. NAME _____

POLICYHOLDER — NAME _____ S.S. NUMBER _____

SIGNATURE OF PARENT OR GUARDIAN _____

Address of Parent or Guardian _____

Telephone number _____

IN CASE OF EMERGENCY, NOTIFY: Name: _____

Phone: _____

Date _____ **When card is completed – take to Girls State**