



The American Legion Auxiliary Arkansas Girls State

MEDICAL CERTIFICATE

This form is to be completed by the parent or guardian of the ALA Arkansas Girls State delegate. The information provided will be kept in strict confidentiality and used by the program nurse for appropriate care and decision making only when necessary. This form must be brought to Harding University, and will be collected during registration on Sunday, May 26, 2019.

Name: _____ Date of Birth: _____
Home Address: _____
Parent/Guardian Names: _____
Phone #1: _____ Phone #2: _____ Phone #3: _____

Emergency Contact if Parent/Guardian Cannot be Reached:
Name: _____ Phone: _____
Physician's Name _____ Phone _____

PAST/CURRENT ILLNESSES (circle):

- Seizures Diabetes Syncope/Fainting Asthma/Lung Condition
Heart Condition Head Injury Migraine Headaches Measles/Mumps

Explain any circles above, or include any conditions not listed above: _____

List all severe or anaphylaxis allergies or food allergies: _____

Describe any disabilities, doctor prescribed accommodations, or doctor prescribed dietary restrictions: _____

All medications brought to ALA Arkansas Girls State must remain in their original and labeled bottle. Please list these medications on the back of this form.

CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

ALA Arkansas Girls State is strenuous, both physically and emotionally; therefore, ability to cope adequately should be seriously considered when deciding to send your daughter to participate in this program. If your daughter becomes sick while attending ALA Arkansas Girls State, she will be withdrawn from the program and dismissed to a parent/guardian and will not be allowed to return.

This medical history/medication consent form is correct as far as I know. I understand that the form must be filled out COMPLETELY and signed by parent/guardian in order for my child to receive treatment while at ALA Arkansas Girls State. I understand that in the case of an emergency, every effort will be made to contact a parent/guardian prior to treatment. If a parent or guardian cannot be reached, however, and the situation requires immediate emergency attention as determined by camp staff, I hereby authorize representatives of the camp to obtain emergency treatment for my child as deemed necessary. I give permission to arrange necessary related transportation for my child. I agree to the release of any records necessary for treatment or referral of the minor child.

Parent/Guardian Signature: _____

INSURANCE INFORMATION:

Insurance Company: _____ Policy#/Group#: _____
Name of Insured: _____ Relationship to Delegate: _____