

MEDICAL INFORMATION MUST BE ON FILE WITH GIRLS STATE MEDICAL PERSONNEL IN CASE OF ILLNESS OR THE NEED FOR EMERGENCY TREATMENT. WE WILL ACCEPT A COPY OF A SCHOOL PHYSICAL DATED AFTER MAY 1, 2017, AND SIGNED BY YOUR PHYSICIAN, AND ATTACHED TO THIS FORM. IF ONE IS NOT AVAILABLE, THE INFORMATION BELOW MUST BE COMPLETED AND SIGNED BY YOUR PHYSICIAN. IN EITHER EVENT, THE INSURANCE INFORMATION AND SIGNATURE OF A PARENT/GUARDIAN ON PAGE ONE OF THIS FORM IS MANDATORY! THE FULLY COMPLETED FORM MUST BE BROUGHT WITH YOU TO GIRLS STATE AND TURNED IN ON REGISTRATION DAY. YOU CANNOT ATTEND GIRLS STATE WITHOUT IT!

IMPORTANT NOTE AND INSTRUCTION TO YOUR PHYSICIAN:

Your patient has been selected to attend Michigan American Legion Auxiliary Girls State on the campus of Michigan State University June 17 through June 23, 2018. We would like to stress that this is a seven-day session which is physically, mentally and emotionally strenuous. The program is structured as a very intensive learning situation and involves walking from the dorm to classrooms that are sometimes located in other buildings across campus.

We request that you advise us of any past serious conditions, even if they are not a current problem, so we may give your patient any special care she may need. For instance, has the patient ever had rheumatic fever, a problem with nosebleeds or fainting, nervous conditions, etc.? Our staff needs pertinent information in case treatment is required during her stay at Michigan ALA Girls State. If your patient should become ill or have any problem immediately before attending ALA Girls State, we would appreciate a release from you stating she is still able to maintain the schedule at Michigan ALA Girls State. In the release, please include any restrictions or treatment she should receive for her condition.

A copy of my school physical signed by my physician dated after 5/1/17 is attached.

PHYSICAL EXAMINATION

IS THERE PRESENCE OF: **Diabetes:** Yes No; **Spastic Colon:** Yes No; **Ulcer:** Yes No; **Hepatitis:** Yes No; **Skin Rash:** Yes No; **Lung Problem:** Yes No; **Asthma:** Yes No; **Vision Difficulty:** Yes No; **Ear or Sinus Problems:** Yes No; **Sore Throat:** Yes No; **Heart Problems:** Yes No; **Athletes Foot:** Yes No; **Emotional Problems:** Yes No; **Allergies** (Drugs and/or any allergies besides medication, such as peanuts, latex, insect stings/bites, etc.): Yes No; If yes, please list (or attached documentation) and indicate if any of the allergies are airborne:

Does the patient wear a Medic Alert, or similar, medallion? Yes No

Is there any other condition or restriction ALA Girls State medical personnel should be aware of? If yes, please list (or attach documentation):

Physician's Signature _____ Dated: _____
Address _____
(Number) (Street) (City) (Zip Code)
Office Phone: (____) _____; Emergency No. (____) _____
Fax No. (____) _____