



American Legion Auxiliary, Dept. of Pennsylvania
 Keystone Girls State
 Parent/Medical Release Form



Name of Applicant: _____

*** This form must be presented to the Staff Nurse at Registration upon arrival to Keystone Girls State.**

I, _____, the parent/guardian of _____
Name of Parent/Guardian Name of Applicant
 do authorize her to attend Keystone Girl's State.

I, _____, the parent/guardian of _____
Name of Parent/Guardian Name of Applicant
 do authorize for any emergency medical treatment while attending this program.

I have attached a copy of the insurance information (both front and back of card) to this form.

Please note any of the following medications that the applicant may be given by the Girls State Nurse, if necessary.

_____ Tylenol _____ Advil _____ Pepto-Bismol _____ Imodium _____ Benadryl

 Signature of Parent/Guardian

 Address

 Telephone

 Cell Phone

Emergency Contact Information:

Name Relationship Telephone/Cell Phone

Physician Release

*** Must be complete and sign no earlier than June 3, 2011.**

Current on Immunizations: ___ Yes ___ No Date of last tetanus shot: _____

Please list allergies: _____

Please list medications: _____

Does the applicant have any of the following medical problems?

_____ Heart Problem _____ Asthma _____ Diabetes _____ Epilepsy _____ Emotional Instability

If so, please explain: _____

I certify that this individual is free from any communicable diseases and is physically and emotionally able to attend this program. I understand that there are no specials diets available and that the program requires a great deal of walking and other physical activity.

 Signature of Physician

 Date

*** If unable to schedule a physical and your daughter has had one for school purposes since January 1, 2011;**

Date of School physical: _____