

**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 JUNE 27, 2009, AND SIGNED BY YOUR PHYSICIAN. 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 THE REVERSE SIDE OF THIS FORM IS MANDATORY! THE FULLY COMPLETED FORM MUST BE RETURNED BY JUNE 1, 2010 TO: AMERICAN LEGION AUXILIARY GIRLS STATE, 212 N. VERLINDEN AVENUE SUITE B, LANSING, MICHIGAN 48915. IF YOU CANNOT MAIL IT BY THE DEADLINE, PLEASE BRING IT WITH YOU 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 27 through July 3, 2010. 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 the citizen 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 Girls State. If your patient should become ill or have any problem immediately before attending Girls State, we would appreciate a release from you stating she is still able to maintain the schedule at Michigan 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 6/27/09 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; **Vision Difficulty:**  Yes  No; **Ear or Sinus Problems:**  Yes  No; **Sore Throat:**  Yes  No; **Heart:**  Yes  No; **Athletes Foot:**  Yes  No; **Emotional Problems:**  Yes  No; **Allergies (Drug or other):**  Yes  No; If yes, please list: \_\_\_\_\_

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

Is there any other condition or restriction Girls State medical personnel should be aware of?  
If yes, please list: \_\_\_\_\_

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