



The American Legion Auxiliary – Department of Maine

Dirigo Girls' State – PO Box34 – New Portland, ME 04961

Phone (207) 628-4201 Email: alderswamp@gmail.com Website www.maineala.org

Dirigo Girls' State Medical History Form – 2018

Student's Name: _____ Date of birth: _____

Does the student have any allergies (please circle one): YES NO

If yes, please list, along with the reaction and how it is treated: _____

Does the student have diabetes? YES NO

If yes, who is her diabetes doctor: _____ Office Phone: _____

Does she use an insulin pump? YES NO

If yes, what make and model? _____

Please send a copy of her Diabetes Road Map to Dirigo Girls State for our records – if this changes between sending it to us and her arriving at Dirigo Girls State, please bring an updated copy

Does the student have asthma? YES NO Is it exercise induced asthma? YES NO

If yes, who is her asthma doctor: _____ Office Phone: _____

Please send a copy of her Asthma Action Plan to Dirigo Girls State for our records– if this changes between sending it to us and her arriving at Dirigo Girls State, please bring an updated copy

Please notify us of any other medical or health issues your student has: _____

What medications does the student take? Please list medication name, dose and frequency for all prescription and over the counter (OTC) medications: _____

Does the student administer her medications to herself at home? YES NO

If no, are there concerns about her self-administering her medications? YES NO

If yes, please explain: _____

Parent/Guardian Name: _____

Phones: cell: _____ home: _____ work: _____

Parent/Guardian Name: _____

Phones: cell: _____ home: _____ work: _____

Parent/Guardian Signature _____ Date _____

Please attach any additional pages you may feel are necessary.

**This form is one of five that needs to be completed and mailed with the \$320 registration fee made payable to Dirigo Girls' State at the address above by
May 12, 2017**