

2026 AMERICAN LEGION AUXILIARY OREGON GIRLS STATE

STAFF – UNDER 18 FORM

(Please print legibly)

Name:	_____	_____	_____
	Last	First	MI

Date of Birth: _____

PARENTAL INFORMATION

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Responsibility Statement:

I understand that my daughter will be participating in the American Legion Auxiliary Girls State Program at **Oregon State University in Corvallis, Oregon from June 20th through June 27, 2026.**

Parent Signature: _____

FOOD ALLERGIES/SPECIAL DIETARY NEEDS

Food Allergies: _____

Other Special Dietary Needs: _____

MEDICAL INFORMATION

All Medical Conditions of which we should be aware or that may require special care:

All Medications taken: _____

Allergies: _____

In case of emergency, I authorize the ALA Oregon Girls State Commission to seek medical treatment for my daughter. (NOTE: every effort will be made to notify parents prior to treatment)

Parent Signature: _____

Insurance Company _____

Policy Number _____