



2019 Utah Girls State Updated Medical Information

Please submit this form at check-in on June 3, 2019 **ONLY** if there are any corrections or additions to your medical form that you submitted with your original registration forms.

Name _____

Parent's/Guardian's Name

Parent's/Guardian's Phone #'s

Home _____ Work _____

Cell _____

Physician Name and Phone #

If yes, please explain (illness/injury, medications, any physical limitations, etc)

Are you currently being treated by a physician for any illness/injury?

Are you currently taking any medications that were not on your initial medical form? Please list dosage, how often and why you are taking the medication.