

MEDICAL INFORMATION AND MEDICAL RELEASE

Child's name: _____ Date: _____

Emergency Contact & Phone _____ Relationship _____

Secondary Contact & Phone _____ Relationship _____

Child's Physician _____ Phone _____

Does the Student have any special medical conditions or previous injuries that we should be aware of? If so please explain.

Any Orthopedic conditions that will limit safe participation in any activity: _____

Contact Lenses _____ Asthma _____ Diabetic _____ Cardiac Problem _____

List any allergies (including to medication):

_____ Bee Stings _____ Nuts (type: _____) _____ Poison Ivy/Oak _____ other: _____

List any prescription drugs we should be aware of: _____

Non-prescription Drugs: My child may be given non-prescription medicine, over-the-counter medicines as needed such as Tylenol, Advil, antacids, etc... _____ YES _____ NO

X _____
Signature of Parent/Legal Guardian

Date

MEDICAL INSURANCE INFORMATION

The undersigned certified that medical insurance covers the student while he/she participates in gymnastic/cheerleading activities.

Insurance Company Name _____ Policy # _____

Insurance Address _____

Policy Subscriber _____

Parent or Legal Guardian Signature _____ Date _____

X _____
Signature of Parent/Legal Guardian

Date