



# ELGIN CHEER/XPLOSION CHEERLEADING

## MEDICAL RELEASE/INFORMATION FORM

### ATTACH SPORTS/SCHOOL PHYSICAL 2012

TO BE COMPLETED BY PARENT/GUARDIAN-UPDATED DURING SEASON

PARTICIPANTS NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

I CERTIFY, THAT THE ABOVE NAMED, IS PHYSICALLY CAPABLE AND ABLE TO FULFILL REQUIREMENTS OF CHEERLEADING. I UNDERSTAND, THAT THIS FORM LEGALLY RELEASES ALL OBLIGATIONS AND RESPONSIBILITIES FOR THE MEDICAL TREATMENT OF THE ABOVE NAMED, IN THE EVENT OF ILLNESS OR INJURY, DURING ANY TEAM RELATED ACTIVITY, WHEN EITHER PARENT/GUARDIAN CANNOT BE REACHED. IF THERE IS PHYSICAL OR MEDICAL REASON WHY THE CHILD SHALL NOT PARTICIPATE FULLY, A DOCTOR'S RELEASE MUST BE FURNISHED. I UNDERSTAND, THAT I AM OBLIGATED TO KEEP THE INFORMATION UPDATED AND WILL NOTIFY ELGIN CHEER/XPLOSION CHEERLEADING OF ANY CHANGES IMMEDIATELY.

#### MEDICAL TREATMENT PERMISSION FORM

IN THE EVENT OF AN EMERGENCY, WHILE MY CHILD IS PARTICIPATING IN A TEAM SPONSORED ACTIVITY, I GRANT MY PERMISSION TO ELGIN CHEER/XPLOSION CHEERLEADING TO TAKE WHATEVER ACTION IS NECESSARY, IN THE EVENT I CANNOT BE REACHED; I HEREBY AUTHORIZE AN ELGIN CHEER OFFICIAL TO GIVE CONSENT FOR MY CHILD, (PLEASE, PRINT NAME): \_\_\_\_\_ TO RECEIVE MEDICAL TREATMENT.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ - \_\_\_\_\_ - 2012

PRINT NAME: \_\_\_\_\_

#### **PRINT** ALL INFORMATION BELOW:

FATHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### PERSON, OTHER THAN PARENT, TO BE NOTIFIED IN AN EMERGENCY:

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

#### MEDICAL INFORMATION (CIRCLE WHEN APPLICABLE)

HEART CONDITION OR DISEASE            Y   N                                    ASTHMA                                    Y   N

MEDICAL ALLERGY                            Y   N                                    DIABETES                                    Y   N

INSECT STING ALLERGY                    Y   N                                    CONVULSIONS                                Y   N

STATE ALL ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_