

UNITY Thunder Cheerleading
Emergency Contact and Medical Release Form
This form must be completed, dated and signed by a physician after June 1, 2013

Medical Release

Please print clearly. It is important that this information is legible. Medical release **MUST** be signed by your Doctor or Nurse Practitioner

Child's Name

Date of Birth

Age as of June 1, 2013

Parent/Guardian's Name

Parent/Guardian's Email

()

Home Phone

()

Work Phone

()

Cell Phone

Date of Examination

I certify that the above patient has had a physical examination at our office and is cleared to participate in the UNITY Thunder 2013-2014 Cheerleading season.

Physician's Name

Physician's Signature and stamp

Alternative Emergency Contacts

Primary Emergency Contact

()

Home Phone

()

Cell Phone

Address

City, ST ZIP Code

Attach Photo Here

Medical Information

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Allergies: _____

Medications: _____

Last Tetanus Shot: _____

Inhaler or Epi Pen: _____

Learning Disabilities: _____

Hearing Issues: _____

Other Health Concerns: _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

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