



Contact & Medical Information Form

I, _____, give permission for my child,
_____, to be treated in the event of an injury
or illness requiring emergency care.

Parent Signature _____

Name of Cheerleader _____

Date of Birth _____

Home Address _____

Mother's Name & Cell Number _____

Father's Name & Cell Number _____

Emergency Contact Name _____

Emergency Contact Cell _____

Known Medical Problems or Allergies

Family Physician & Phone Number _____

Health Insurance Information _____