

AERO ELITE CHEERLEADING

Insurance and Medical Release Information

Participant Name: _____ DOB: _____

Parent/Guardian Name: _____

Insurance Information

Does the participant have Medical Insurance? Yes ___ No ___

Health Insurance Carrier: _____ Phone Number: _____

Primary Cardholder Name: _____

Policy Group Number and/or Member Number: _____

Preferred Hospital: _____

Physician / Pediatrician Name AND Phone Number: _____

If the above Insurance Information changes, it is the responsibility of the Parent/Guardian to notify Aero Elite Cheerleading.

Signature of Parent/Guardian: _____ Date Signed: _____

Participant Medical Information

Please list all allergies, emergency precautions, emergency medications, physical limitation(s), and any other problems including medical history we should be aware of. _____

I confirm that the above named participant is in good health and has had a physical exam within the past year.

Signature of Parent/Guardian: _____ Date Signed: _____

Permission for First Aid and Medical Transport

I hereby release Aero Elite Cheerleading to render first aid in the event of any injury or illness, to seek medical assistance if deemed necessary and to transport to a medical facility or to call an ambulance.

I do hereby authorize consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision of any physician or surgeon. This authorization shall remain effective until revoked in writing.

If you do not grant authorization for consent for first aid and/or medical transport, what procedures should be followed:

In case of an EMERGENCY, if Parent/Guardian cannot be reached, who should be contacted?

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

Signature of Parent/Guardian: _____ Date Signed: _____