

# HEALTH FORM



CHILD(REN) NAME(S): \_\_\_\_\_

## EMERGENCY CONTACT(S)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

## MEDICAL INFORMATION

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

## ALLERGIES, SPECIAL CONDITIONS, PERTINENT MEDICAL INFORMATION:

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

## CONSENT TO TREAT

I (parent/guardian), \_\_\_\_\_, give my permission to the staff of MGP Gymnastics, LLC

PLEASE PRINT

to administer first aid to my child(ren) in the event of an injury or emergency. I also consent to have a physician and/or emergency medical service provide treatment as required; in the judgment of the attending physician.

By signing below, I consent for MGP Gymnastics, LLC to provide/request medical treatment as necessary to insure my child(ren)'s well being. To the best of my knowledge my child(ren) is/are in good physical condition for gymnastics participation. I understand I am responsible for my child(ren)'s medical insurance coverage.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_