

EMERGENCY INFORMATION FORM

CHEERLEADER'S NAME: _____

ADDRESS: _____

HOME PHONE: _____

CHEERLEADER'S DOB _____ GRADE IN FALL _____

List any previous injuries and/or surgery (including broken bones):

Allergies: _____

Allergic to Bee Stings? YES NO UNKNOWN

Medication taken regularly? _____

Medication Allergies? _____

Asthma? YES NO

The MPAA Cheerleading Staff has my permission to give my child the following:

Topical ointment/cream YES NO

Band-Aids YES NO

Bee Sting Topical medication YES NO

Tylenol YES NO

Other _____

List all phone numbers where you may be reached at any given time:

List an emergency contact, other than yourself, phone #'s, and relationship to child:

Family Doctor, including phone #'s:

Insurance Information: (Policy Holder's Name, Insurance Co. Name, Policy #'s, Group #'s, Phone #'s, etc.)

Parent or Legal Guardian Signature _____ Date _____