

CHEERLEADING
Emergency Medical Form

Child's Name: _____

Address: _____

Child's Date of birth: _____ Grade _____

Parent (s) Name: _____

Contact Phone Number #1 _____

Contact Phone Number #2 _____

Emergency Contact: _____

Relationship: _____

Emergency Phone Number: _____

Allergies:

Food/Medicine: _____

Doctor's Name: _____

Doctor's Phone Number: _____