



JAG 2009-2010 Emergency Contact Information & Medical Release Form

Gymnast Name: _____

Date of birth: _____ Home Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone: _____

Name of Insurance Carrier: _____ Policy Number: _____

Known allergies/medical conditions/medications: _____

Parent's First & Last Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ email: _____

Parent's First & Last Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ email: _____

Additional Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my child, _____ and prevent further injury and/or death. If possible, I wish to be contacted before any procedures are initiated, however, if the injuries are catastrophic, life threatening or I am unable to be reached, I give permission to the emergency care physicians, support personnel and the Josephson Academy of Gymnastics to do what they deem necessary in the best interests of my child.

Parent or legal guardian signature

Date