

MEDICAL CONSENT FORM

Dear Team Member:

Please complete the form and return this page to us by Sept 20. This information is vital to our coaches and/or chaperones if, while on an out of town trip your child should need medial attention. Your child will not be allowed to travel with Just Jymnastics without us having one of these forms on hand.

Thank you.

JJ Coaching Staff

Student's name: _____ Date of birth: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____ Cell number: _____

Dad's name: _____ Work number: _____

Mom's name: _____ Work number: _____

Family Physician: _____ Phone number _____

List any/all allergies that your child currently has or has had in the past:

List all prescription medications which your child is taking:

This Consent shall be effective while my child is on a gymnastics trip with his/her gymnastics team, coaches, and chaperones. These persons will accompany my child while out of town and will contact me should the need arise.

I, the parent/guardian (circle on) of _____ hereby authorize and give my permission for any medical treatment deemed necessary in the event that the child sustain any injury or is need of medical treatment while traveling with the gymnastics team.

I either have appropriate insurance or, in its absence, I agree to pay all costs of medical services that may be incurred on behalf of my child.

I understand that reasonable efforts will be made to contact me if my child should need emergency medical treatment, however, such contact cannot be guaranteed and emergency medical treatment may be instituted if either I am unable to be contacted or such treatment is medically necessary for my child's welfare.

Parent/Guardian's Signature: _____

Date _____