

SIERRA SPIRIT CHEERLEADING INCORPORATED
EMERGENCY MEDICAL INFORMATION

STUDENT NAME: _____

BIRTHDATE: _____

STUDENT ADDRESS: _____

CITY/ST. _____ ZIP _____

STUDENT PHONE: _____

CELL PHONE _____ SS# _____

SCHOOL ATTENDING _____

E-MAIL ADDRESS _____

I CERTIFY THAT MY SON/DAUGHTER IS MENTALLY AND PHYSICALLY CAPABLE AND ABLE TO FULFILL THE REQUIREMENTS TO PARTICIPATE IN ANY CLASS, PERFORMANCE, TRIP AND/OR EVENT SPONSORED BY SIERRA SPIRIT CHEERLEADING INC. AND ITS AFFILIATES IN THE EVENT OF AN EMERGENCY OCCURRING WHILE MY SON/DAUGHTER IS AT A SIERRA SPIRIT CHEERLEADING INC. SPONSORED CLASS, PERFORMANCE, TRIP AND/OR EVENT, I GRANT PERMISSION TO SIERRA SPIRIT CHEERLEADING INC. AND ITS EMPLOYEES TO TAKE WHATEVER ACTION NECESSARY.

_____ Parent initial

IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY AUTHORIZE SIERRA SPIRIT CHEERLEADING INC. AND ITS EMPLOYEES TO GIVE CONSENT FOR MY SON/DAUGHTER TO RECEIVE MEDICAL TREATMENT.

_____ Parent initial

MOTHER'S NAME _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

MOTHER'S ADDRESS _____

CITY/ST. _____ ZIP _____

MOTHER'S EMPLOYER _____

WORK PHONE _____

ADDRESS _____

CITY/ST. _____ ZIP _____

FATHER'S NAME _____

HOME PHONE _____

CELL PHONE _____

E-MAIL _____

FATHER'S ADDRESS _____

CITY/ST. _____ ZIP _____

FATHER'S EMPLOYER _____

WORK PHONE _____

ADDRESS _____

CITY/ST. _____ ZIP _____

PERSON TO BE NOTIFIED OTHER THAN PARENT OR GUARDIAN IN AN
EMERGENCY

NAME _____

HM PHONE _____ WK PHONE _____

FAMILY DOCTOR _____

PHONE _____ KAISER# _____

INSURANCE CO. _____

POLICY # _____

MEDICAL INFORMATION

Heart Condition yes no Asthma yes no Diabetes yes no Allergies yes no
Convulsions yes no

ALLERGIES _____

MEDICATION CURRENTLY
TAKING _____

ADDITIONAL MEDICAL INFORMATION THAT MAY BE
HELPFUL _____

PARENT/GUARDIAN SIGNATURE DATE

Sierra Spirit Cheerleading Inc.
P.O. Box 8009
Reno, NV 89507
www.sierraspiritcheerleading.com

Make sure you have the completed Release Agreement that must accompany this form.

