



The Studio for Cheer, Dance, & Tumbling Medical Release Form

I, _____ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of an accident, injury, sickness, etc., under the direction of the physician (s) listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

HOME PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER/GROUP NUMBER: _____

CHILD'S PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

SIGNATURE (PARENT/GUARDIAN) _____

DATE: _____