

# Youth Gymnastics Emergency Medical Details Form

## Participant Information

Child's Full Name

Date of Birth

Parent/Guardian Name

Relationship to Child

## Emergency Contact Information

Emergency Contact Name

Emergency Contact Phone

Relationship to Child

## Medical Details

Family Physician Name

Physician Phone

Medical Conditions / Allergies

Current Medications

Medical Insurance Provider

Policy Number

## Consent

Parent/Guardian Name (for consent)

Date