



Empire All Star Cheerleading & Gymnastics Medical Form 2020-2021

Athlete's Name _____ Date of Birth _____ Team Name: _____

Address _____ City _____ State _____ Zip Code _____

Emergency Contact Name _____ Relationship _____

Phone () _____

MEDICAL HISTORY

Family Physician _____ Date of Last Physical Exam _____ Phone Number () _____

Current Insurance Carrier _____ Policy Number _____

Recent Injuries _____ Date ____/____/____

Recent Injuries _____ Date ____/____/____

Allergies _____ Currently Prescribed Medications _____

Does Your Child Have Any Medical Conditions We Should Know About? (If Yes, Please Explain): _____

**** In Case of Emergency, Please Indicate Your HOSPITAL PREFERENCE (Check One)****

_____ **Hospital of Central CT - New Britain (3 miles - 7 min)** _____ **Middlesex Hospital (10 miles – 16 min)**

_____ **CCMC (CT Children's Medical Center (14 miles – 19 min)**

_____ **St Francis Hospital (14 miles – 19 min)** _____ **Hartford Hospital (14 miles – 20 min)**

_____ **Yale New Haven Hospital (30 miles – 36 min)** _____ **Other (Please Specify) _____**

Emergency Procedure Authorization

Minor & Moderate Injury – I understand that a staff member will administer first aid and that I will be called immediately and informed of the incident. _____ (Initial)

Severe Injury Requiring Emergency Room Care – I understand that my child will be taken to the hospital preference that I have indicated above. If I have not checked a hospital preference, I understand that my child will be taken (by ambulance) to the nearest hospital emergency room. An emergency room physician will evaluate and treat my child accordingly. I will be called immediately and informed of the incident as soon as possible. _____ (Initial)

Pain Reliever Authorization

Empire Cheerleading & Gymnastics will not provide Tylenol, Ibuprofen or Aleve to any athlete without written permission and consent from a parent or guardian. Please indicate your preference by checking the appropriate option along with your signature.

_____ NO, I do not want medication provided to my child.

_____ YES, my child may be provided any of the medication listed above.

_____ YES, my child may be provided and administered medicine only from the following list: _____

_____ (Signature)