

PREMIERE CHEER

Permission Form for Emergency Treatment

This form should be completed fully and notarized. It should enable your child to receive treatment if taken to the hospital by a coach, school official, or parent if needed. It must be notarized and all blanks need to be filled in.

I, _____, give permission for my child,
_____, to be treated in the event of an injury
or illness requiring emergency care.

Parent signature _____

Parent signature _____

Cheerleader signature _____

Notary signature _____

Medical Information

Full name of student _____

Birth date _____ Phone _____

Home address _____

Parent work numbers

Mother _____ Father _____

Name of emergency contact _____

Address _____

Phone _____ Relation _____

Known medical problems/allergies

Family Physician _____

Medical Insurance & Policy # _____