

**Gym Cats Gymnastics
Summer Program
Medical Form**

Date _____
Name _____ Date of Birth _____
Address _____ Age _____ M/F _____
City, State, Zip _____ Mother's Work # _____
Home Number _____ Father's Work # _____

Contact in case of emergency (other than parents)

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____

Please state any information which will be of significance to us. Include any physical handicaps, limitations, special treatment, allergies, dietary restrictions, etc. Also state if child is on any medication.

(To be completed by physician or parent)

Date of last physical exam _____ Date of last Tetanus injection _____
May child participate in all activities? _____

Immunizations (please indicate dates)

Diphtheria _____
Polio _____
Tetanus Toxoid _____
Mumps _____
Live Measles _____
Rubella _____
Haemophilus Influenza type B _____
Hepatitis B _____
Varicella (chicken pox) _____

Signed _____ Phone _____

Address _____

I do hereby give authority to Gym Cats and or Equalize Fitness to obtain necessary emergency medical treatment for my child in the event that the parent cannot be reached, with the understanding that the family will be notified as soon as possible.

Signed by parent or guardian _____