

## **MEDICAL FORM**

### **THIS FORM IS NECESSARY FOR THE PARTICIPATION IN THE ANGELS CHEERLEADING ACADEMY**

Please return by next practice and fill out completely as this will be kept for the whole year. Let me know if anything changes during that time e.g. phone numbers. It is recommended that you keep a copy.

**\*It is extremely important that you fill this out in detail as it could be mean the difference between life and death.**

#### ***Angels Cheerleading Academy***

Member's full name \_\_\_\_\_

Any conditions requiring treatment, including medication?  
If YES, please give details:

Please outline any special dietary requirements for your young person:

Please outline the type of pain/flu relief medication your young person may be given if a staff member felt necessary:

Does your young person have a disability? If yes what additional support will s/he require?

Is your young person allergic to anything? (medication, foods etc)

When did your young person last have a Tetanus injection?

#### **Declaration**

If I am not present, as the parent or guardian to the member named above I agree to them receiving medication as instructed and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

Full name  
(Capitals): \_\_\_\_\_ Date \_\_\_\_\_

Name of doctor of young person: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_