



Concho Valley Gymnastics

CONSENT FORM & MEDICAL INFORMATION 2021

Student Name:			
Address:			
Date of Birth:			
Home Phone No.			
Mother's/Guardian's Name:		Contact ph#	
Father's/Guardian's Name:		Contact ph#.	

Other Emergency Contact:		Relationship	
Home #:	Work #:	Cell #	

Medical Information:	
Medical Insurance Co.	Policy No:

Medical Conditions Please check below:

- ☐ Asthma
- ☐ Epilepsy
- ☐ Heart Condition
- ☐ Diabetes
- ☐ ADHD
- ☐ Migraine
- ☐ Other: _____
- ☐ No known medical conditions

Allergies:

Is your child allergic to:

- ☐ Penicillan
- ☐ Other medications: _____
- ☐ Peauts
- ☐ Dairy
- ☐ Other foods: _____
- ☐ Bee stings
- ☐ No known alleriges

How should these allergies be handled if an outbreak occurs:

Camper Name: _____

Medications:

Is your child taking medications on a daily basis that will need to be administered at camp?

- ☐ Yes
☐ No

If Yes, what medication _____

Medical condition: _____

*For our staff to be able to administer medication at camp, the medication must come in the original bottle with label of camper's name, medication name and dosage instructions.

Swimming Ability:

- ☐ Cannot swim – needs life jacket or floaties at ALL times
☐ Weak swimmer – needs to stay in shallow end if no life jacket, or deep end with life jacket
☐ Strong Swimmer – can swim in deep end without life jacket or floaties

Permission:

As a parent/guardian of **(camper name)**: _____

I am aware of the program and agree to my son/daughter's participation in all the activities listed in the program.

I understand that the staff will endeavor to contact me in an emergency. If I am unable to be contacted I authorize the staff to obtain medical assistance which they deem necessary should an accident or illness occur. I agree to pay all medical, ambulance and pharmaceutical expenses incurred on behalf of my camper. *I acknowledge that while the camp, it's staff, associated instructors and volunteers will make every reasonable effort to minimize exposure to known risks; all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the camp, its staff, volunteers and associated instructors. I agree to waive any claims of liability that may arise against any Concho Valley Gymnastics personnel relative to the above.*

Name:

Date:

Signature: