

# PDA USA "Shoot for the Stars" Competitive Gymnastics Camp 2011

## MEDICAL INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT

Gymnast information:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: (\_\_\_\_) \_\_\_\_\_ EVE PHONE: (\_\_\_\_) \_\_\_\_\_

PARENT'S E-MAIL \_\_\_\_\_

Insurance Information

MEDICAL INCSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_ NAME OF POLICY HOLDER: \_\_\_\_\_

PROFESSION OF POLICY HOLDER: \_\_\_\_\_

POLICY HOLDER'S SS #: \_\_\_\_\_

Medical History: Known Allergies (drugs, etc.) and/or pre-existing conditions

Prescription Medication: \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE CONTACT:

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

EVE PHONE: \_\_\_\_\_ EVE PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CHECK ONE:

1<sup>st</sup> week (June 20-24)

2<sup>nd</sup> Week (June 27 – July 1)

Both Weeks