

SOAR MOOR GYMNASTICS

Van Field Trip Permission & Medical Release Form



General Information (Please Print)

Participant's Name _____ Home Phone () _____

Address: _____ City _____ St _____

Zip _____ Date of Birth _____ Male () Female ()

Medical Information

Person to be notified in Case of Injury or Illness: _____

Business() _____ Cell() _____ Relationship _____

Alternate Person to be notified in Case of Injury or Illness: _____

Business() _____ Cell() _____ Relationship _____

List any **Medicines** to which child is Allergic: _____

List any other **Allergies** (Food, Bee Stings, Insect Bites, Poison Ivy, Etc _____

_____ Nature of Reactions? _____

Do you Carry Medications for Listed Allergies? _____ Name of Medication _____

_____ List any Medical Concerns _____

Insurance Information

Family Physician _____ Office Phone _____

Insurance Policy # _____ Company Name _____

Name of Insured _____

The Following People are Authorized to Pick Up My Child:

1. _____ 2. _____

3. _____ 4. _____

The Following People are NOT Authorized to Pick Up My Child:

1. _____ 2. _____

Signature(if participant is under 18 years of age, Parent or Guardian **MUST** sign)

My son/daughter has my permission to ride in Soar Moor Gymnastics van and participate in Soar Moor Field Trips. They also have permission to be transported in the Soar Moor van and/or Soar Moor Transportation providers vehicles to events. I do release Soar Moor, and trip sponsors and/or Chaperones from liability for injury or accident, for myself or the child listed on this sheet. I give permission to Soar Moor to secure proper medical attention should the need arise.

Parent/Guardian Signature

Date

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