

**Lacey's Ladybugs School of Twirling  
MEDICAL INFORMATION  
AND RELEASE FORM**

Twirler's Name \_\_\_\_\_

D.O.B \_\_\_\_\_

Father's/ Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's / Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

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Allergies and/or Medical Conditions (list): \_\_\_\_\_

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Medications (list): \_\_\_\_\_

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Person Responsible for Charges (if different then from above) \_\_\_\_\_

Insurance Company \_\_\_\_\_ policy # \_\_\_\_\_

**I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This release is to be carried by Lacey's Ladybugs Team Captains at all practices and events.**