# *Western PA Gymnastics Club Emergency Contacts*

**CHILD'S NAME:** _____

**DATE OF BIRTH:** _____

**AGE:** _____

**MEDICAL CONDITIONS:** _____

_____

**ALLERGIES:** _____

_____

**CURRENT MEDICATIONS:** _____

_____

**FAMILY DOCTOR:** _____

**DOCTOR'S PHONE:** _____

**HEALTH INSURANCE:** _____

**POLICY NUMBER:** _____

**PARENT'S / GUARDIAN NAME:** _____

**HOME PHONE:** _____

**WORK PHONE:** _____

**CELL PHONE:** _____

**ALTERNATE CONTACT'S NAME:** _____

**HOME PHONE:** _____

**WORK PHONE:** _____

**CELL PHONE:** _____

**ALTERNATE CONTACT'S NAME:** _____

**HOME PHONE:** _____

**WORK PHONE:** _____

**CELL PHONE:** _____

**Notes:**

*A NEW EMERGENCY CONTACTS SHEET MUST BE SUBMITTED YEARLY AND EVERY TIME INFORMATION CHANGES.