

Bieger International Gymnastics

Tel: (954) 426-3930

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MEDICAL INFORMATION FORM

CHILD'S NAME: _____

PARENT'S NAME: _____

EMERGENCY PHONE NUMBERS: _____

Please answer the following questions:

Are you currently on any prescribed medications or drugs, on a permanent or semi-permanent basis?

If yes, indicate the name of the drug and how it is prescribed and how you have to take it on a daily base:

Are you allergic to any food, fruit or drinks? If yes, which ones?

Are you allergic to anything else? If yes, please list below and give us information on medication or action we have to take.

If your child needs to, she/he can take _____ Aspirin _____ Tylenol _____ Motrin

Date of most recent tetanus immunization: _____

Should we be aware of any medical concerns (handicapped, disabled functions) or other different reaction of your child? If YES, please list:

I, the minor's parent and/or legal guardian, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in gymnastics. I further agree that BIEGER INTERNATIONAL GYMNASTICS, INC along with its employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of my child's participation.

Is there any reason you feel your son or daughter should not participate in gymnastics?

NO _____ YES _____ Explain:

All of the above questions have been answered completely and truthfully to the best of my/our knowledge.

_____ Date: _____

Signature of Parent/ or Legal Guardian

Bieger International Gymnastics Inc., 3000 SW 15th Street, Deerfield Beach FL 33442