

Medical Release Form

I hereby give my approval for emergency medical treatment if needed during the
DHS Cheerleading Camp _____.

Child's Name

Parent (or Guardian) Signature: _____

Date: _____

Please provide the following information if possible:

Doctor's Name: _____

Parent Phone #: _____

Cell #: _____

Emergency Contact Name: _____ Number: _____

Any known medical problems, allergies or restrictions:
