



# Required Emergency Medical Authorization All American Cheer & Dance Performance Tour

**You are required to send a copy of your insurance card with this form- It is incomplete without it.  
This form and a copy of your insurance card are due with your October 1st payment**

**PLEASE PRINT – Please complete all requested information**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician Address \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist Address \_\_\_\_\_

**DO NOT LEAVE BLANK – If you have medical insurance - In addition to sending your insurance card the following information MUST be completed**

Name of Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

**If you do not have Insurance, credit card information MUST be provided**

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature of card holder \_\_\_\_\_

## **Medical History**

Allergies/Medication Allergies \_\_\_\_\_

Type of Medication being taken on this trip \_\_\_\_\_

List all pertinent medical information (i.e. heart trouble, diabetes, epilepsy, asthma, etc.) \_\_\_\_\_

## **Emergency contact if parents cannot be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work or Cell Phone \_\_\_\_\_

## **Medical Authorization**

I authorize emergency treatment by a licensed medical professional for my daughter/son \_\_\_\_\_ while traveling with AACD. My child may be hospitalized if deemed necessary. I understand that I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume any and all expenses of such treatment.

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_