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Child's Last Name

First Name

**Emergency Information Record**  
**C.S. Gymnastics, Inc.**

In case of an emergency, if you cannot reach me, please contact:

Neighbor or friend \_\_\_\_\_ Phone \_\_\_\_\_

Parent \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_

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

Hospital Preferred \_\_\_\_\_

Learning/Physically Challenged \_\_\_\_\_  
(If child has ADD/ADHD, will student be medicated during class?) \_\_\_\_\_

Check and describe if applicable:

Allergies \_\_\_\_\_

Required Medications \_\_\_\_\_

Previous Major Injuries \_\_\_\_\_

Chronic/Recurring Injuries \_\_\_\_\_

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I verify the above information is true and accurate. In the event of an emergency, I understand that I will be notified as soon as possible.

I grant permission as parent/guardian, for my child to be taken to the above stated emergency facility, if necessary.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_