

LOPATCONG ATHLETIC ASSOCIATION
Twirling
EMERGENCY INFORMATION FORM

Twirlers Name: _____

Address: _____

Age: _____ Grade (Sept): _____ DOB: _____

List ANY Allergies or Medical Concerns:

Hospitalization Coverage:
Insurance Company: _____ Policy #: _____
Family Physician: _____ Phone: _____

Mother/Guardian: _____ Phone: _____
Employer: _____ Phone: _____

Father/Guardian: _____ Phone: _____
Employer: _____ Phone: _____

I/We, the parent/legal guardian of the above named twirler, do hereby appoint the following individual to act in my/our behalf in authorizing unexpected medical and or hospital care, excluding major elective surgery, for the above named in the event I/we are unable to be reached.

Name: _____ Phone: _____
Address: _____ Cell: _____
_____ Relationship: _____

Mother/Legal Guardian Signature Date: _____

Father/Legal Guardian Signature Date: _____