***ULTIMATE GYMNASTICS***

***Health History***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | |
| Address | |  | | | | | | |
|  | | | | | | |
| Date of Birth | |  | | | | | | |
| Home Phone | |  | | | | | | |
| Cell Phones | |  | | | | | | |
| Emergency Contact-Name & Phone | | 1) | | | | | | |
| 2) | | | | | | |
| 3) | | | | | | |
| 4) | | | | | | |
| In case of emergency, and parent/guardian is not present, what hospital do you want your child to go to? | | | | | | |  | |
| Does your child have any physical limitations or special needs/diagnosis? | | | | YES  NO | | Please describe | |  |
| Current Medications | 1) | | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| Allergies/Reaction | | |  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Parent/Guardian Name (please print) | | | | |  | | | |
| Parent/Guardian Signature | | | | |  | | | |
| Date | | | | |  | | | |