WARSAW YOUNG TIGER CHEERLEADING

PO BO 1798 WARSAW IN 46581-1798

DATE:_____

PLEASE PRINT AND COMPLETE FORM

If your child has any of the following, **PLEASE FILL OUT**. This will help coaches and the EMT with your child.

Asthma _____ Inhaler: *(Please circle)* YES NO BRAND_____

Allergies _____

Allergic reactions_____

Heat Strokes _____

Other chronic or existing medical condition:_____

If you have checked any of the top list PLEASE list any medication you have for your child.

_____

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Parent/Guardian Signature:_____ Date:_____