



2024 BC Gymnaestrada

May 4-5, 2024

MEDICAL RECORD & CONSENT FORM

Participant's Name: _____ Cell Phone #: _____

Home Address: _____

Email Address: _____

Emergency Contacts:

Emergency Contact Name: _____ Phone Number: _____

Family Doctor Name: _____ Phone Number: _____

Medical Status:

Medical conditions or health concerns (ex. Fainting, seizures, epilepsy):

Medication you must/should take daily (ex. Iron supplement, prescription drugs, insulin):

Do you have any recent injuries or operations that might affect your participation?

Do you have any allergies? (ex. Medications, food, animals, plants, pollens, bees, fragrances)?
