



# Cheer Revolution All Stars

2500 West 84<sup>th</sup> Street, Hialeah, FL 33016-5757 – (305) 557-0385

## Medical Authorization Form

We, the undersigned, and parents of \_\_\_\_\_, hereby authorize Cristina Vazquez or Patricia Vazquez, the cheerleading coaches of \_\_\_\_\_, to authorize any and all medical treatment for \_\_\_\_\_, if their discretion see fit. This includes, but is not limited to, treatment to relieve pain.

A photocopy of this authorization shall be deemed effective as if it were an original. This authorization shall remain in effect until **April 30, 2012.**

MEDICAL INSURANCE COMPANY: \_\_\_\_\_

MEDICAL INSURANCE ID or GROUP #: \_\_\_\_\_

MEDICAL INSURANCE CO. PHONE #: \_\_\_\_\_

PEDIATRICIAN: \_\_\_\_\_

PEDIATRICIAN PHONE #: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary