



Medical Permission for Child to Participate in BounceBack Kids

I have examined _____ on _____.
(name of child) (date of last examination)

In my opinion, the applicant is not/is able to participate in an active sports program.

The applicant is under the care of a physician for the following conditions:

Current treatment at the time of this report includes:

Medications applicant currently takes (name, dosage, frequency):

Any medically-prescribed dietary restrictions:

Known allergies:

Description of any limitation or restriction on activities:

Signature of Provider

Print Name

Date

Address of Clinic/Office _____

City _____

State _____

Zip _____

Phone _____

Emergency/On Call Phone _____

919-246-9100 ♦ info@bouncebackkids.org ♦ www.bouncebackkids.org

510 Meadowmont Circle, Box 293 Chapel Hill, NC 27517-7584