



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

Date

Print Name

Address of Clinic/Office _____

City _____ State _____ Zip _____

Phone _____ Emergency/On Call Phone _____

Please fax or email the completed form to: 919-246-9100 or info@bouncebackkids.org

BounceBack Kids, 1289 Fordham Blvd #317, Chapel Hill, NC 27514 www.bouncebackkids.org