



**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](mailto:info@bouncebackkids.org)

BounceBack Kids, 1289 Fordham Blvd #317, Chapel Hill, NC 27514 [www.bouncebackkids.org](http://www.bouncebackkids.org)