

**SOARING KIDZ**  
Medical Release Form

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**NOTE: This release is valid for one year from date signed unless hospitalization or other specification is listed below by physician or parent;**

The above named person is interested in participating in one or more programs with **SOARING KIDZ** Sport and Recreation Programs.

\_\_\_\_\_ B-Ball    \_\_\_\_\_ T-Ball    \_\_\_\_\_ Soccer    \_\_\_\_\_ Gymnastics

**MEDICAL INFORMATION:**

Primary

Diagnoses: \_\_\_\_\_

Precautions or Restrictions on

Activity: \_\_\_\_\_

\_\_\_\_\_

Medications Taken

Regularly: \_\_\_\_\_

\_\_\_\_\_

Adaptive Equipment to be

Considered: \_\_\_\_\_

\_\_\_\_\_

Medical or Surgical Procedures Within the Past

Year: \_\_\_\_\_

**COMMENTS:**

I have reviewed medical records and history for

\_\_\_\_\_  
Participation in the above noted program(s) is appropriate with the above noted precautions or restrictions.

\_\_\_\_\_

**Physician's Signature      Date      Physician's Address**

\_\_\_\_\_

**Physician's Name (Typed or Printed) Telephone Number**

\_\_\_\_\_