Martial Arts Children's Medical Clearance Form

Participant Information

Child's Name
Date of Birth
Parent/Guardian Name
Contact Number
Email Address
Medical Information
Physician's Name
Physician's Contact Number
Does the child have any medical conditions?
Is the child currently taking any medications?
Allergies
Has the child had any surgeries or hospitalizations?
Additional Notes

Clearance Statement		
Physician's Signature		
Date		