

Amarillo Area Super Kids Classic

Doctor Examination Form

TO BE COMPLETED BY PHYSICIAN

Doctor: The purpose of this form is to establish the eligibility and physical capability of this minor child to participate as a passenger in the Amarillo Area Super Kids Classic, a soap box derby event.

Participant's Name			
Age	Height	Weight	
In your opinion, should there be any limitations placed on this child's participation in the Amarillo Area Super Kids Classic?			
Does this child have any known allergies to any medications?			
Does this child have any known allergies to food?			
Recommendations (use attachments if needed):			
I have examined the above participant and on the basis of my examination, as requested by the Amarillo Area Super Kids Classic officials, his/her medical history, as furnished to me, I find no reason which would make it medically inadvisable for this child to compete in a supervised soap box derby activity.			
Physician's Signature		Date	
Physician's Name (Print)			
Address	City	State	Zip
Telephone			

Doctor: Please deliver this form to the above named child's parent/guardian. There is a deadline, so please don't delay.