

New Bern Parks & Recreation
Sports Medical Clearance Form

(Must be dated after January 1st of the Current Season)

Child's Name (First, Middle, Last) _____

Age _____

Date of Birth _____

This Athlete is:

Cleared to participate without restriction

Cleared, to participate with the following restrictions: _____

Not cleared for sports participation

Relevant Medical Information for Coaches and Athletic Staff:

Allergies: _____ EpiPen Necessary: Yes No

Asthma Other: _____

Diabetes

Seizure Disorder

Comments:

Provider Name (print/type): _____ Provider Phone #: _____

Address: _____

Provider Signature: _____

Date: _____