

QUAKERTOWN SUPER KIDS DOCTOR'S FORM

(must be completed by a Physician)

Participant's Name _____

Age _____ Height _____ Weight _____

Should there be any limitations placed on this child's participation in a Soap Box Derby Racing event? Yes _____ No _____

Recommendations:

I have on this date _____ examined the above participant and on the basis of my examination, as requested by Quakertown Super Kids officials and 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.

(Note exceptions above.)

Physician's Signature _____

Physician's Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone _____