

# 2017 - 2018 Registration Form



**Kids Kicking Cancer**  
Power Peace Purpose

27600 Northwestern Highway, Suite 220  
Southfield, MI 48034  
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www.kidskickingcancer.org

## PHYSICIAN CONSENT FORM

### Physician Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

### **Patient Medical Information**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone # \_\_\_\_\_  
Primary Diagnosis: \_\_\_\_\_ Date of Diagnosis \_\_\_\_/\_\_\_\_/\_\_\_\_  
Secondary Diagnosis: \_\_\_\_\_ Date of Diagnosis \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relapse: \_\_\_no \_\_\_yes Date of Relapse \_\_\_\_/\_\_\_\_/\_\_\_\_  
Bone Marrow Transplant \_\_\_no \_\_\_yes Date of Transplant \_\_\_\_/\_\_\_\_/\_\_\_\_  
Known allergies or other medical conditions \_\_\_\_\_

### **Treatment Information:**

List all current treatments that could affect participation in Heroes Circle activities.\*

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

\*Activities include jumping jacks, striking soft pads or bags, kicking, punching,  
Note: there is no body to body contact, no sparring and no board breaking

### **Medical Consent:**

- \_\_\_\_ This child can fully participate in all Heroes Circle activities.  
\_\_\_\_ This child cannot participate in Heroes Circle activities at this time.  
\_\_\_\_ This child can participate in Heroes Circle activities with the following restrictions:
- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_