



## PHYSICIAN RELEASE FORM

Please have your child's physician fill out and sign this form. Please return it to Whole Children by emailing it to [Jane.Pronovost@pathlightgroup.org](mailto:Jane.Pronovost@pathlightgroup.org) or by mailing it to 41 Russell St., Hadley, MA 01035.

Student's Name:

DOB:

Diagnosis:

The above named individual is a patient of mine and/or after a thorough and complete examination, I recommend the following regarding participation in recreational classes at Whole Children / Milestones Rec, including martial arts, dance, gymnastics, yoga, and other movement including jumping, rolling, hanging, swinging, and turning up-side-down.

- Full and unrestricted participation.
- Participation with the following restrictions and/or precautions:
- No participation due to:

Physician Name:

Practice Name:

Street Address:

City, State, Zip:

Phone:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_