



## PHYSICIAN RELEASE FORM

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: \_\_\_\_\_