

SPECIAL NEEDS CHILD WATER EXERCISE, DOCTOR'S RELEASE FORM
FOR BOTH LOCATIONS

Texas Health Harris HEB Physical Medicine and Rehabilitation
251 West Park Way, Euless, TX 76040

Texas Health Resources Presbyterian Hospital
5721 Phoenix Drive, Dallas, TX 75231

Mail to:
Off The Deep End Aquatics

4821 Island Circle. Fort Worth, TX 76137 (This is a private location, not an office)
Fort Worth, Texas 76137

Or FAX to
FAX: 817-267-0207 ATTN: JULIE HILLIS

To be filled out and signed by a Physician

Physician Name: _____

Phone Number: _____

Special Needs Child's Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's/Guardian's Phone: _____

Diagnosis: _____

Precautions: _____

This release is valid for 12 months, unless there is a change in medical status which requires a new release. If the participant drops from the program for a period longer than 30 days/1 month, they will need a new release and to re-register.

_____ Date: _____

Physician Signature