

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**  
**5410 Basswood Blvd, PO Box #5**  
**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