

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

TEXAS HEALTH HARRIS HEB PHYSICAL MEDICINE AND
REHABILITATION

251 West Park Way, Euless, TX 76040
PHONE: 817-257-3308 FAX: 817-267-0207

TEXAS HEALTH RESOURCES PRESBYTERIAN HOSPITAL
CVC CENTER

5721 Phoenix Drive, Dallas, TX 75231
PHONE: 214-345-4625 FAX: 214-345-4689

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