SPRINGFIELD TOWNSHIP PARKS & RECREATION
SENIOR CITIZENS HYDROBICS PHYSICIAN CONSENT FORM

MR., MRS., MISS_____
(First) (M.I.) (Last)

ADDRESS_____ ZIP CODE_____

PHONE_____ BIRTHDATE_____

IN CASE OF EMERGENCY, CALL:

NAME_____RELATION_____PHONE_____

NAME_____RELATION_____PHONE_____

DO YOU CARRY MEDICINE WHICH SHOULD BE USED IN CASE OF AN EMERGENCY? PLEASE ADVISE AS TO TYPE AND DOSAGE…

_____

THIS SECTION MUST BE FILLED OUT BY YOUR DOCTOR (please print):

DOCTOR'S NAME_____

ADDRESS_____ CITY_____

STATE_____ ZIP_____ PHONE_____

TO MY KNOWLEDGE,_____ (IS) (IS NOT) CAPABLE OF PARTICIPATING IN A SWIMMING AND WATER AEROBIC EXERCISE PROGRAM.

THIS PERSON (IS) (IS NOT) MEDICALLY ABLE TO ENTER THE WHIRPOOL (104) FOR TWELVE MINUTES AT A TIME.

PRECAUTION(S)_____ NONE_____

SPECIAL CARE_____ NONE_____

PLEASE LIST MEDICATION(S)_____

_____

DATE_____ DOCTOR'S SIGNATURE_____

***IMPORTANT* THIS FORM MUST BE RETURNED TO THE PARKS & RECREATION OFFICE PRIOR TO YOUR FIRST SWIM SESSION. THIS RECORD WILL BE KEPT ON FILE IN OUR OFFICE FOR SEVEN YEARS. PLEASE MAIL THE COMPLETED FORM TO: SPRINGFIELD TWP. PARKS & REC., P.O.BOX 1038, DAVISBURG, MI, 48350 (248) 634-0412.**