

CHILDREN'S PHYSICAL DEVELOPMENTAL CLINIC

Permission Form

Dear Parents:

If you have not done so, please submit the medical questionnaire to your family physician. Have the physician mail questionnaire back to the clinic or mail the completed medical questionnaire to the clinic along with the other forms that you are requested to complete.

When you have checked with your physician, please sign the following:

My physician is familiar with the clinic program and does not advise against my child's participation in the Children's Physical Developmental Clinic. Permission is granted to contact the family physician for additional information and/or clarification of medical condition.

Parent Signature: _____
Date: _____

At times it is helpful to know the type of physical educations programs that your child is receiving at school. Please sign below if we have your permission to contact your child's physical education teacher and/or classroom teacher.

Parent Signature: _____
Date: _____

Pictures of children taken in the clinic program are used for public relation purposes related to the clinic. Please sign the form below if permission is granted to use photo(s) of your child for this purpose. (Permission requested is not required for admittance to the clinic).

Parent Signature: _____
Date: _____

The Children's Physical Developmental Clinic requests a photo of your child that will be kept confidential and placed in your child's personal folder.

Photo enclosed with this application: () Yes () No

Thank you for completing this form.

Please return to: Sheila Campbell, Administrative Director
Children's Physical Developmental Clinic
Kelly Gymnasium
Bridgewater State University
Bridgewater, MA 02325
508-531-1776