Children's Outpatient Services

Children's Center at Sutter Medical Center, Sacramento

Physician Consent Form

My patient _____ is medically cleared to participate in the Pediatric Healthy Lifestyle Community Classes, which include supervised physical activities, focusing on strength, endurance and flexibility.

List below any chronic conditions that may require monitoring during physical activity.

_____

_____

_____

_____

Physician Printed Name Date

_____

Physician Signature Phone number