



# The Mary Maguire Foundation

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## Physician's Permission Form

Physician's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I have/had been treating \_\_\_\_\_ since \_\_\_\_\_ for the following condition:  
(patient's name) (date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I grant permission for \_\_\_\_\_ to participate in an exercise program that may include but is not limited to activities such as weight training, walking, running, yoga, and tai chi.

However, please note the following considerations that may warrant special attention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should you notice anything unusual or suspicious during the course of this exercise program, please notify my office immediately.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Foundation Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_