



**Madonna Learning Center  
7007 Poplar Avenue  
Germantown, TN 38138**

Your patient, \_\_\_\_\_, attends Madonna Learning Center where classes are offered in PE, Yoga, and Dance/Movement. Kindly confirm whether you approve of your patient’s participation in these activities and/or whether you recommend any limitations in any of the above activities.

\_\_\_\_\_ This patient may participate in PE, Yoga and Dance/Movement activities without restrictions.

\_\_\_\_\_ This patient may participate in PE, Yoga, and Dance/Movement with the following restrictions: \_\_\_\_\_

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

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

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

Physician’s Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Dated: \_\_\_\_\_