



Pre/Postnatal Fitness Classes

FAX TO: _____ **ATTN: Healthy Moms®**

Dear Caregiver,

Your patient, named below, requests permission to participate in the following classes:
Healthy Moms® Low-impact Aerobics (TBC)____ AquaMoms® Water Aerobics ____
Postpartum PowerStroll®____ Prenatal Yoga ____

Once complete, please fax back this form to Healthy Moms® at 336-245-3756. We very much appreciate your time and assistance!

Medical Permission Slip

_____, DOB ___/___/____, has my permission to participate in the Healthy Moms® Fitness Program(s) noted above.

Physician/Midwife Name: _____

Signature: _____

Phone: _____ **Date:** _____

Special Restrictions: _____

Questions? Please call us at (336) 403-0956 or email us at beth@healthymomsfitness.com.

FOR OFFICE USE ONLY

Date sent: ___/___/___ By whom: _____ Date received: ___/___/___ By whom: _____