

Town of Eastchester
Senior Nutrition Center at Lake Isle
Physicians Consent Form
FAX 914-337-2584

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

I give my permission for _____
to participate in all programs and activities of a physical nature at the Town of Eastchester Senior
Centers including but not limited to walking, aquatics exercise, dancing, tai chi, zumba and yoga

PHYSICIAN'S SIGNATURE

PHYSICIAN'S STAMP

DATE

NAME OF PARTICIPANT: _____

ADDRESS: _____

TELEPHONE: _____