

PRENATAL YOGA
Physician Consent Form

(Please have your doctor, midwife, or their designee sign this form)

Student's Name:

Address:

Phone number and e-mail:

Due date and brief history:

Physician's Name:

Address:

Phone number:

I understand that my patient, _____, will be enrolled as a student and will be doing prenatal yoga classes for the remainder of her pregnancy or until I recommend that she no longer participate.

I know of no contraindication to her participation in such classes at this time. I will notify the student and the instructor should any arise.

Signature:

Date:

Instructor: Marleen Stam-Gibbs, 495 Mills Drive, Benicia, CA 94510.
(707) 747 5103 or MarleensYoga@gmail.com