



Froedtert & MCW DOCTOR WAIVER: Froedtert & MCW Parkinson's Exercise Class

PLEASE RETURN THIS FORM TO THE EXERCISE CLASS LEADER BEFORE PARTICIPATION IN CLASS

Please use this form for medical consent from your physician to participate. If you have a Froedtert Health neurologist, you can provide them with a hard copy or digital copy of this waiver to sign. Our Froedtert neurologists also have access to hard copies of the waiver in their clinics.

PHYSICIAN CONSENT

I, _____, consent to _____'s (patient name) participation in the Froedtert Parkinson's Exercise Class.

Following are significant health issues that may exclude or limit participation:

Physician Signature: _____ Date: _____

Waiver form is valid for six months from signed date unless there is a change in medical status.