



Non-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 to participate if your provider is NOT a Froedtert & MCW neurologist. Please communicate with them that a waiver is necessary to participate in the Parkinson's Exercise Class.

PHYSICIAN CONSENT

I, _____, consent to _____'s (patient name) participation in the Froedtert & MCW 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.