

# Health Care Provider Release Form

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Yoga Student/Patient Printed Name

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Estimated Due Date

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Student Phone Number

I am having a healthy pregnancy. I am under a physician's/midwife's care and have his/her written consent to participate in this prenatal exercise/yoga program. I am aware I must call my physician/midwife in case of any health problems or concerns. I will keep my yoga teacher updated on any changes in my pregnancy.

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Yoga Student's Signature

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Date

I consent to the above named patient's participation in prenatal yoga classes.

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Physician Signature/Stamp

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Physician Phone Number