



2024 PHYSICIAN'S PERMISSION FORM

All applicants must have a medical examination within twelve months prior to date of Get Away applying for.

NO SUBSTITUTIONS OF THIS FORM

Get Away Location _____

Applicant's Legal Name _____ Applicant's Preferred Name _____

Date of Birth ____/____/____ Residing in: City _____ State _____

Gender at Birth Female Male Height ____ft ____in Weight ____lbs Blood Pressure ____/____

Medical diagnosis of disability _____

Explanation/Onset/Cause of disability _____

Applicant's current health condition _____

Activities applicant should not participate in _____

Operations/Serious Illness (include Dates & Description) _____

Chronic/Recurring Illness _____

Applicant has: Diabetes Asthma Tuberculosis **Uses:** Inhaler Epinephrine Insulin

Seizures: If checked, frequency _____ Date of last seizure _____ Controlled by medication _____

Describe seizure _____

ALLERGIES

Penicillin Aspirin Latex Hay Fever Food _____

Medication _____

Other _____

MEDICATION All medications, including those in prepacked packs, shall be properly labeled by pharmacy with name, content, dosage, frequency, route, prescribing physician, prescription number, and date prescribed.

List additional medications on separate page, if needed.

Medication Name

Example: Dilantin chewable _____

Dosage

two 50mg tablets _____

Describe any adverse reactions from medications including specific conditions when contact should be made with the physician.

PHYSICIAN PERMISSION

I have examined the person herein described and reviewed their health history. It is my opinion that they are physically able to engage in Special Touch Ministry Inc. functions through the end of the calendar year, except as noted above.

Physician's Name _____

Physician's Signature _____ Date _____

RN, LPN, QMRP signatures are NOT acceptable

Clinic Name _____ Phone _____

Address _____

City

State

Zip

Scan and Email this signed and completed Permission Form to: cpo@specialtouch.org. No JPEGs

For questions, contact Central Processing by email or call 715-258-2713, choose option 3.