

PRENATAL YOGA
Physician Consent Form

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

Student's Name: _____

Address: _____

Phone number: _____

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,
774 Barton Way, Benicia, CA 94510.
707-246-2331
<http://www.marleensyoga.net>