



PRENATAL YOGA HEALTHCARE PROVIDER CONSENT FORM

Please have your doctor, midwife or their designee complete and sign this form.

Student name:

Address:

Brief History:

Healthcare Providers name:

Address/Phone:

I understand that my patient (indicated above) is enrolled in prenatal yoga classes. 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 or until I recommend that she no longer participate.

Signature:

Date:

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