



# The Children's Developmental Class 2020 MEDICAL RELEASE

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Dear Physician,

The **above named** child is applying for admission to the **Children's Developmental Class**. The program is concerned with improving the "total fitness for living" of the child. Although the approach is primarily in terms of physical activity, play related skills, and social involvement, the child may:

1. Increase confidence in self and work to improve social and communication skills.
2. Acquire independence through emotional development and intellectual curiosity.
3. Increase the basic efficiency, stamina, and power of the human body.
4. Gain a greater awareness of body skills, thereby increasing motor functioning.

This is an adult supervised program which is adjusted to the child's needs and interests. It is not a heavy exercise program. Your signature will indicate medical approval of moderate physical activity for this child. Without your signature, the child will not be able to participate in this class.

Please mail to the address below, or FAX this form to Marcia Hill (443-840-1702).

ATTN: **Marcia Hill**  
Children's Developmental Class  
Community College of Baltimore County  
7201 Rossville Boulevard WELL-13  
Baltimore, MD 21237-3899

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**MEDICAL RELEASE FORM**

I give medical approval for \_\_\_\_\_ to participate in the **Children's Developmental Class** held at the CCBC/Essex Campus. I understand that this release is good for 2020 unless there is a change in medication or health status of the child.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

PLEASE PRINT: Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Call our office for copies of the **Children's Developmental Class** brochures. **443-840-1387**

PARENT NOTICE: This release is good for 2020. Your signature below indicates that you understand that *any change in medication or health status of your child will require a new medical release*. It is your responsibility to provide an updated medical release to the Children's Developmental Class.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_