



PHYSICIAN'S RELEASE - OVERNIGHT TRIPS

Name: _____ is traveling with Futures Explored, Inc.

Program:

<input type="checkbox"/> Futures Day Program	<input type="checkbox"/> ALIVE - Antioch	<input type="checkbox"/> GARDEN - Antioch
<input type="checkbox"/> Supported Employment	<input type="checkbox"/> ALIVE - Concord	<input type="checkbox"/> GARDEN - Brentwood
<input type="checkbox"/> VTE - Sacramento	<input type="checkbox"/> Social Rec	<input type="checkbox"/> GARDEN - Livermore

Destination: _____

Leave Date: ____/____/____ **Return Date:** ____/____/____

Altitude Ranges From: _____ feet to _____ feet **Travel By:** Air Train Auto

ACTIVITIES LIMITATIONS: Mark with an **x** the following that apply:

- | | | |
|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Boating | <input type="checkbox"/> Cold Exposure (snow) |
| <input type="checkbox"/> Light Hiking | <input type="checkbox"/> Swimming | <input type="checkbox"/> Sun Exposure |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Restaurant Eating (food or alcohol) |

HEALTH CONDITIONS THAT MAY AFFECT ANY LISTED ACTIVITIES: Mark with an **x** the following that apply:

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other (Please Specify) | |

INDICATE REASONS INDIVIDUAL IS UNABLE TO PARTICIPATE IN THIS TRIP:

I do release this individual to travel with Futures Explored, Inc.

Physician Signature

Date

Physician Name / Address

Physician Phone #

I do NOT release this individual to travel with Futures Explored, Inc.

Physician Signature

Date

Physician Name / Address

Physician Phone #

**Please return to: Futures Explored, 3547 Wilkinson Lane, Lafayette, CA 94549
www.futures-explored.org / 925-284-3240 or fax to: 925-284-3291**