



Youth Making a Difference Doctor Release Letter

***Important:** You are responsible to read and understand this legal document before signing.

Dear Physician:

Your patient is applying for participation in an expedition to India with Youth Making a Difference. This requires your patient to be physically and emotionally healthy.

The following form is to release (or not release) your patient to participate in the above activity.

Please return the entire page to the patient who gave you this form.

I _____ release, or _____ ***do not*** release

_____ to participate in the above-described activities.

(Physician signature)

(Printed signature)

(Physician phone number)

(Date)

Comments: