



First Steps Childbirth and Family Education Program
Physician Participation Authorization

Name : _____

Has clearance to participate in the First Steps Classes conducted at Crouse Health and has:

- NO Restrictions
 Restrictions _____

EDC : _____

Allergies: NKA
 allergic to : _____

***Participants please notify our coordinator if you are attending the Weekend Seminar or Weekend Seminar Plus and have any food allergies Jessicaliepke@crouse.org.**

MD Signature: _____ Date: _____

This form is required for the following classes: Weekend Seminar, Weekend PLUS Seminar, Childbirth Refresher, Pregnancy Prep PLUS, & Pregnancy Relaxation Class.

Please bring completed form with you the first night of class.

OR Fax to First Steps at 315-470-5706 Attention: Jessica