



METRO Parks

MARY T. MEAGHER AQUATIC CENTER

201 Reservoir Avenue
Louisville, KY 40206
(502) 897-9949
Fax- (502) 897-2549

THERAPY POOL CONSENT-NEED FORM

Date: _____ Patron's Phone #: _____

Emerg. Phone #: _____

Patients Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PHYSICIANS: PLEASE FILL IN INFORMATION BELOW AND SIGN:

I approve the use of the Mary T. Meagher Aquatic Center Therapy Pool For _____ therapeutic use. In my opinion, it would be in his/her best interest to utilize this heated pool (89°- 93° F) rather than the regular pool (79°- 87° F), limiting each visit to only 1 (one) hour. This is valid for a period of → _____ months.

PHYSICIAN SIGNATURE: _____

PHYSICIAN ADDRESS:

PHYSICIAN PHONE: _____

THIS FORM MUST BE SIGNED BY A PHYSICIAN AND WILL BE KEPT ON FILE IN THE OFFICE AT THE MARY T. MEAGHER AQUATIC CENTER.