



St. Coletta & Cardinal Cushing
SCHOOLS OF MASSACHUSETTS

Date: _____

Dear Dr. _____:

I am requesting written permission from you for the following student to participate in our swimming program:

Enclosed is a copy of the school's swimming policy. Before a student can participate in our swimming program at Cardinal Cushing Center, permission must be received from both the parent/guardian and the neurologist or PCP.

A self-addressed envelope is enclosed. Please return it as soon as possible. You may also fax it to us at 781-826-8035.

Thank you for your cooperation.

Sincerely,

Claire Lehan, R.N.
Health Services Department

_____, may _____/may not _____ participate in Cardinal Cushing Center's swimming program.

MD Signature

Date