



Sample Doctor's Note/Letter for Adaptive Sports:

Include: Office Name, address and phone number, or letterhead

Date

*Name of Patient, (DOB: **/**/****) has medical clearance to participate in the Gaylord Sports Association adaptive sports program including (name of program, i.e., skiing, waterskiing, sled hockey) with (no limitations, as tolerated, under the following conditions...).*

Signature of Medical Provider

Seizure Action Plan

If the patient has a history of seizures, a seizure action plan should be included

The Epilepsy Foundation Seizure Action Plan form can be used for this:

https://www.epilepsy.com/sites/core/files/atoms/files/GENERAL%20Seizure%20Action%20Plan%202020-April7_FILLABLE.pdf

Please email, fax, mail or hand deliver prior to scheduled sports program:

Email: sports@gaylord.org

Fax: 203-294-8717

Attn: Sports Association

Mail: Gaylord Hospital Sports Association, PO Box 400, Wallingford, CT 06492

If you have any questions, please contact the Gaylord Sports Association at: 203-284-2772 or sports@gaylord.org.