

# *Jennifer A Cutler Foundation*

Form 1. A

## Medical Release Form

Dear Physician:

The patient named below has applied to receive an opportunity of an expense-paid trip to Walt Disney World Resort in Orlando, Florida from the Jennifer A. Cutler Foundation, a non-profit organization operating in Newfoundland and Labrador which organizes family trips for adults receiving treatment for life-threatening cancer.

**Please fill out, sign and return this form to the address or fax below. If you have any questions, please contact the Jennifer A. Cutler Foundation. Thank you.**

Name of participant: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical restrictions and/or special needs: \_\_\_\_\_

I believe that the above-named patient is a reasonable candidate to travel to Orlando, Florida to visit Walt Disney World with his or her immediate family,

Physician's Signature \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Clinic/Practice \_\_\_\_\_

**Please return this form to:**

Jennifer A. Cutler Foundation  
10 Winslow Street  
St. John's, Newfoundland  
A1E 6G2

For further information about the Jennifer A Cutler Foundation please contact us at (709) 725-0063 or email [jenniferacfoundation@gmail.com](mailto:jenniferacfoundation@gmail.com)