

Please present to your child's oncologist or NP on their medical team; children in remission for more than one year may present to their attending physician for therapies other than those italicized below.

Lucy's Love Bus Medical Permission Form

Dear **Medical Professional**,

Your patient, _____, has applied for a monetary grant for integrative therapies through our non-profit organization, Lucy's Love Bus (www.LucysLoveBus.org). Prior to providing services to pediatric oncology patients, we require medical permission from the patient's primary oncologist or nurse practitioner (or family physician for those at least one year in remission).

Please check the therapies that you approve for the above patient. Please make a note of any contraindications.

- ALL THERAPIES LISTED BELOW**
- Acupuncture
- Acupressure (no needles)
- Aromatherapy/essential oils
- Art therapy or lessons
- Child life support or play therapy
- Chiropractic care
- Craniosacral/myofascial therapy
- Dance*
- Fertility preservation
- Gym membership or personal training*
- Gymnastics*
- Martial arts*
- Meditation
- Music therapy or lessons
- Naturopathy or herbal supplements
- Nutritional counseling
- Oncology massage (only from a licensed therapist with oncology certification)
- Massage (from a licensed therapist, may not have oncology OR pediatric experience)
- Reflexology
- Reiki
- Swimming/aquatic therapy
- Therapeutic horseback riding/hippotherapy*
- Regular horseback riding lessons at a facility that does NOT have PATH certification*
- Yoga
- Other: _____

Oncologist's signature: _____ Date: _____

Printed name: _____ Phone/email: _____

Please fax to: (978) 517-1567; Questions: (978) 764-4300 or Jackie@LucysLoveBus.org