



**Green Woods Charter School
Hike and Interscholastic Athletic Participation
2009-2010**

Name of Student _____ Date of Birth _____ Grade _____

TO THE MEDICAL CARE PROVIDER

Class hiking is required of all our students and is an integral component of the academic curriculum at Green Woods Charter School. The students hike daily into the **steep trails on 340 acres of isolated woods which contain many asthma and allergy triggers that students are typically not exposed to in an indoor classroom environment.** At times, the students are a distance from the school building.

By signing this form, you are stating that the student is physically able to participate in daily **rigorous hiking, asthma is under control, student does not have a cardiac condition or any other physical condition** that may put their health and safety at **risk** while participating in our unique academic curriculum.

I have examined the student on this form. Yes____ No____

I find this student physically qualified to practice and participate in ALL competitive games/sports/hiking. Yes____ No____

List any special instructions or limitations for any physical participation

Signature of Physician

Address & Telephone

(Date)

I hereby give consent for my child to practice for and participate in ALL games/sports and hiking. I am fully aware of my child's health condition and limitations, if any. I am allowing my child to receive any emergency treatment deemed necessary by medical personnel.

Signature of Parent

Date
