



**Green Woods Charter School  
Hike and Interscholastic Athletic Participation  
2010-2011**

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

\_\_\_\_\_  
\_\_\_\_\_