

****This form only needs to be completed if your child has a chronic or acute medical condition or recent injury that may limit participation in the activities at the Outdoor School. Examples: (child is on crutches due to an injury, has shortness of breath due to a lung or heart condition, is unable to walk long distances, etc.) If your child has any of these or other restrictions, a healthcare provider must complete this form. Any questions, please call the Outdoor School Nurse at 410-857-7932.

Medical Release/Informed Consent to Participate in Outdoor School at Hashawha Environmental Center

Name of child: _____ Birthdate: _____

Name of Healthcare Provider : _____ Healthcare Provider Phone Number: _____

The Outdoor School experience is very different from the traditional school setting. The students attend the Outdoor School Program typically from Monday morning through Friday afternoon. This includes sleeping overnight each night. A registered nurse is on duty while students are in residence.

The week is physically demanding and challenging due to the nature of the curriculum. The students participate in hikes over hilly, uneven terrain with many obstacles such as tree roots, etc. typical of the forest floor. Night hikes are part of the curriculum. The students also hike through and around water and mud, weather permitting.

Activities include but are not limited to rope swinging at a moderate level, running, and climbing hills.

Medical concern or injury _____

_____ The student may participate in **ALL** Outdoor School activities without restrictions.

_____ The student may participate in Outdoor School activities with the following limitations:

➤ **Authorized Prescriber Signature:** _____

➤ **Parent/Guardian Signature:** _____