

## Foothill Horizons Outdoor School

To the Health Care Provider:

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Injury/disability: \_\_\_\_\_

Please indicate which of the activities listed below are allowable for the student under your care.

Possible student activities:

- \_\_\_\_\_ Hiking on trails including uneven surfaces
- \_\_\_\_\_ Walking on a paved road through the site
- \_\_\_\_\_ Night hiking on trails
- \_\_\_\_\_ Hiking on boulders
- \_\_\_\_\_ Climbing on, under and between boulders
- \_\_\_\_\_ Wading in a creek
- \_\_\_\_\_ Running
- \_\_\_\_\_ Jumping
- \_\_\_\_\_ Dancing
- \_\_\_\_\_ Ropes course activities (walking on wires, swinging on ropes, etc.)
- \_\_\_\_\_ Throwing balls, Frisbees or horseshoes
- \_\_\_\_\_ Climbing on 234 stairs (up and down 165' into and out of a cavern)
- \_\_\_\_\_ Riding on a bus for 2+ hours

A student's day begins at 7:00 a.m. and ends at 9:30 p.m.  
Hikes last 2 ½ hours

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date