

Medical Consent for Program Activities

Name of Child:	DOB:
The above named child has been accepted into a p include various recreational aspects, including the	rogram of Jasper Mountain. The agency's programs following:
 <u>Swimming</u> - closely monitored recreat skill building. <u>Jogging</u> - recreational jogging that incluminates or less at a pace appropriate to <u>Physical Work</u> - light physical work particularly carrying and work around the horse base emphasis on safety, risk free skill buildi <u>Camping</u> - non-strenuous recreational of the Horseback Riding - corral or short trail age and skill level. <u>Athletic and Sports Activities</u> - bask trampoline, archery, obstacle course, p 	projects include cleaning, light digging, gardening, rn. Work is to be closely supervised by staff with an ng and exercise.
Medical Assessment I have examined the above named child, and activities, as indicated below:	approve this child to participate in the described
Child is medically appropri strenuous activities describe	ate to participate fully in the outdoor and ed above.
	ate to participate in the outdoor or strenuous rith the following restrictions (please describe):
Physician Name (Print):	
Physician Signature:	Date: