

**Physical/Medical Limitations** of participants during program at **Spruce Lake Outdoor School**  
*Please hand in with Release Forms at registration time.*

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

Program Dates: \_\_\_\_\_

These are the only medical and/or physical limitations for members of our school and the group/grade (if schedule is divided into more than one) they are assigned to.

Participant # (Names not necessary)	Group or Grade	Limitation(s)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

Please attach a separate page to continue, if necessary.

*I have reviewed each participant's Release Form and have discussed how these limitations may affect their (child's) participation in the scheduled activities.*

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Name and signature of coordinating teacher or administrator*

Date: \_\_\_\_\_