

All students must have a physical completed annually and/or within 6 months of the start of his/her first WS semester.

Please use the form below (or) use your health care provider's form for submission to WS.

Note: For certain circumstances or issues, WS may require additional visits to the doctor and/or direct consultation between the Watershed School's physician advisor and the student's physician.

Medical Care Provider

WS wilderness programs are for motivated, energetic, and fundamentally healthy students. WS does not provide programs for students to resolve or work on behavioral, emotional, or psychological problems. WS cannot provide appropriate support for students attempting to quit tobacco use, drug use, or alcohol use or to recover from prior substance abuse problems. Typical activities on an WS program may include some or all of the following: Hike 3-9 miles carrying 35-45% of body weight; Hike and climb up and down steep terrain; Perform manual labor – shoveling snow, splitting firewood, daily chores, and other manual labor; Sustained walking, hiking, running, carrying, lifting; Live and travel in rugged terrain; Live, travel, work and study in temperatures from -20° to +85° F; Live, travel, work and study at altitudes from 5,000 to 14,435 feet above sea level; Live under tarps, in snow shelters, and in cabins with wood stoves for part of the program; Live and travel in remote settings 4-48 hours from advanced medical care; Engage in intellectually rigorous, age-appropriate academic classes, homework, and other studies; Participate in activities that require careful attention to detail for extended periods of time; Cook meals in the wilderness and in commercial kitchens for self and others; Follow guidelines and rules independent of direct supervision; Swimming, wading, immersion in cold water (river crossings, etc.); Participate in morning exercises, including running, walking, and field games; Be alone for reflective time in a wilderness setting for 2-36 hours; and participate fully in an intimate and intense small community environment.

STUDENT NAME

EXAM DATE

Examination Date

Heart Rate

Blood Pressure

Height

Weight

BMI

Date of Last Tetanus Inoculation

Students need Tetanus Inoculation w/in last 10 years. If outdated, then please administer today.

Known Allergies &/or Dietary Restrictions:

Student under the care of a physician for the following:

Recommendations and/or restrictions regarding participation in the WS Program:

Treatment and medications to be continued at WS for ongoing health issues and/or recent injuries/illness:

Form Continues on Reverse

Additional health care considerations for WS:

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I have examined the student named on this form and understand he/she is planning to attend WS. I have reviewed all health and medical information supplied in this form for its accuracy. I understand the nature of the activities, as set forth above, and acknowledge that WS representatives are available should I have further questions about the nature and/or physical or emotional demands of these activities. I understand that the student will be traveling in remote areas where medical care may be significantly delayed. Considering any restrictions stated above, the student can, in my opinion, fully participate in the WS program. I am not related to the student.

Printed Name:

Title:

Date:

Signature **X**:

Clinic/Hospital Name & Address:

Phone:

Mobile/Pager:

E-mail:

Thank you for your time and effort in filling out this form. If you have any questions or comments please do not hesitate to contact us at: 303.440.7520 or via e-mail at office@watershedschool.org.