



Nature Play Prescription

Dr. _____

Name: _____ Date: _____

Your Healthcare Provider encourages you to:

- Go outside and play in nature.
 - Limit your "Screen Time" to no more than 60 mins each day.
 - Read stories about nature.
- (Or have someone read them to you.)

Signed:

Provider: _____

Parent/Child: _____

Find Out More at www.childrenandnature.org.



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