**MOUNTAIN SCHOOL MEDICAL ALERTS/DIETARY RESTRICTIONS**

**SCHOOL: DATES ATTENDING:**

Please use this form to compile a list of all significant medical alerts and dietary needs of your class, including all chaperones and teachers that will be attending the program.

*\*Due to our remote location, it is very important that this information is received in advance.*

*\*Depending on your school’s policy, teachers and/or chaperones may be required to distribute student medications. Mountain School staff are unable to distribute student medications.* ***Please consider this when making trail group assignments to be sure that the appropriate medications are with the student when necessary.***

Email this form to: [**mountainschool@ncascades.org**](mailto:mountainschool@ncascades.org)at least **3 weeks before** your group is scheduled to be at Mountain School.

Teacher:

**MEDICAL ALERTS:** List student and adult names (first and last) and nature of medical alert. Please also note who will be responsible for distribution of any medications for your students. *(Add rows as necessary)*

| **First and Last Name** | **Nature of Medical Alert** | **If relevant, person responsible for medication distribution** |
| --- | --- | --- |
| EXAMPLE: Sam Student | EXAMPLE: Sneezing and itchy eyes from seasonal allergies. Takes 10mg chewable loratadine daily. | EXAMPLE: Teacher will distribute at breakfast. |
|  |  |  |
|  |  |  |
|  |  |  |

**DIETARY RESTRICTIONS:** List student and adult names (first and last) with special dietary needs (food allergies, lactose intolerance, vegan, diabetic, etc.) *(Add rows as necessary)*

*\*Please be as specific as possible. For example, instead of “no dairy”, you might write “no milk or cheese, but lactose or butter cooked into foods is ok. Prefers soy milk”.*

*\*For any severe allergies other than nut allergies (we operate a nut-free facility), please check with us to make sure we can accommodate you. In rare cases students may need to bring some food with them.*

| **First and Last Name** | **Special Dietary Need** | **Severe Allergy (Y/N)** |
| --- | --- | --- |
| EXAMPLE: Charli Chaperone | EXAMPLE: No milk or cheese, but lactose or butter cooked into foods is ok. Prefers soy milk. | EXAMPLE: N |
|  |  |  |
|  |  |  |
|  |  |  |