


Master Food Allergy & Sensitivity/Severity List

Please email this list to the YEP manager 20 days before the program start date. Please bring a version reflecting any last-minute changes with you to SFI.

Each student and chaperone will have this information disclosed on their medical release forms. Please transfer pertinent information for all students, chaperones, and teachers to this form.

School: _____ Dates of Outdoor School: _____

Teacher's Name (Printed): _____

First & Last name	Food allergy, sensitivity, or dietary preference	Severity, symptoms caused by exposure, & treatment



Master Medical Concerns List

Please email this list to the YEP manager 14 days before the program start date. Please bring a version reflecting any last-minute changes with you to SFI.

Please complete this form based on students' and chaperones' disclosed medical conditions on the "Participant Medical History and Release Form" from the Guardian Packet.

SCHOOL: _____ TEACHER: _____

PARTICIPANT'S FIRST AND LAST NAME	Asthma	Severe Allergies	Seizures	Diabetes	Poison Oak Allergy	Other
1.						
How is condition managed:						
2.						
How is condition managed:						
3.						
How is condition managed:						
4.						
How is condition managed:						
5.						
How is condition managed:						
6.						
How is condition managed:						
7.						
How is condition managed:						
8.						
How is condition managed:						
9.						
How is condition managed:						



Yurt List

AT LEAST ONE CHAPERONE NEEDS TO BE INSIDE EACH YURT

This form is for group use only and does not need to be returned.

SCHOOL: _____ Dates of Outdoor School: _____

	Large Yurt (18 Beds total)			Small Yurt (12 Beds total)	
	LAST NAME	FIRST NAME		LAST NAME	FIRST NAME
CHAP.			CHAP.		
CHAP.			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13					
14					
15					
16					
17					
18					

Tent List

CHAPERONES CAN BE IN A TENT NEXT TO THE STUDENTS OR INSIDE THE TENT WITH STUDENTS.

This is for group use only and does not need to be returned.

SCHOOL: _____ TEACHER: _____

CHAP			CHAP		
	LAST NAME	FIRST NAME		LAST NAME	FIRST NAME
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

CHAP			CHAP		
	LAST NAME	FIRST NAME		LAST NAME	FIRST NAME
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

