



Name of School: _____

MEDICAL CONSIDERATIONS

Who will be in charge of dispensing medication and first aid?

Are any of your staff or chaperones medically trained? ☐ yes ☐ no

If so, please include their name and credentials. _____

Please list any medical conditions which are important for camp medical staff to know about for any person participating in our program. Please include persons with health histories involving cardiac, stroke, allergies, major surgeries, or recent hospitalizations.

Name	Identify whether the person is a student (S), chaperone (C) or teacher (T)	Medical Condition/ Alert
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	

Additional notes:



ACCOMMODATIONS

Have your students had other outdoor experiences, or will this be new for many?

_____ They have had outdoor experiences before

_____ This will be new for many

We want all participants to feel included in camp programming. To better prepare for participants, please share as much information as appropriate, so we can work to accommodate your participants. Thank you for helping us make our program more accessible to all!

Name	Identify whether the person is a student (S), chaperone (C) or teacher (T)	Please list any different abilities or areas of additional support (physical, behavioral, or other). Please include what accommodations have worked well for this person in the past, and how we can help this participant be successful while at camp.
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	

Additional Notes (consider also, birthdays, traditions, whole school goals):

Please use additional pages as needed. Our staff may need to contact you for additional information.



FOOD SERVICE & SPECIAL DIETS

Meals at camp are served family-style, so the kitchen prepares meals in portions of 10 for each table.

How will your group be sitting in the dining hall (e.g. by cabins, by learning groups, etc.): _____

Please list any students and adults and the type of special diets needed (e.g. allergies, religious, diabetics, vegetarians, etc.) We are unable to accommodate weight loss plans or dislikes.

Please list individual names (i.e., instead of writing “3 vegetarians”) so we can talk to people about their diet, if needed. Our kitchen staff will do their best to accommodate special food needs/ Participants may bring their own food for their preferences and needs beyond what we provide.

All Cedar Outdoor School Food Service Facilities are Nut-Free

Name	Identify whether the person is a student (S), chaperone (C) or teacher (T)	Special Diet Needed- (i.e. vegetarian, no pork, gluten-free, dairy intolerance, other) <i>Please be as specific as possible. For example, the severity of the allergy and any exceptions to the allergy.</i>
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	
	S / C / T	

Additional Notes:

Please use additional pages as needed. Our staff may need to contact you for additional information.