

**Please fax to Spruce Lake Outdoor School at least 2 weeks prior to your program
 FX: 570-595-0328 ATTN: OE Director or email outdoorschol2022@sprucelake.org**

School Name: _____

Program Dates: _____

Physical/Medical Limitations of participants during our program.

*I have reviewed each participant's **Release Form** and have discussed how these limitations may affect their (child's) participation in the scheduled activities. These are the only medical and/or physical limitations for members of our school and the group/grade they will participating with.*

Participant #	Group or Grade	Physical/Medical Limitation(s)
1		
2		
3		
4		
5		

(Please attach a separate page to continue, if necessary.)

Dietary Allergies/Restrictions of participants during our program.

*I have reviewed each participant's **Release Form**. These are the only dietary allergies/restrictions for members of our school. I may request a copy of the menu for the week of our program so our participants are prepared to supplement their own meals, if necessary. Spruce Lake has a refrigerator where we can store any food we take (containers must be labeled with name of participant and dates of your program).*

Participant #	Group or Grade	Dietary Allergies/Restrictions
1		
2		
3		
4		
5		

Yes, I need a copy of the menu of the meals to be served during our time at Spruce Lake Outdoor School.

Please send via (✓) email: _____ fax: _____

Print name: _____

Signature: _____

Date: _____

Name and signature of coordinating teacher or administrator