

**Please fax to Spruce Lake Outdoor School at least 2 weeks prior to your program
 FX: 570-595-0328 ATTN: OE Director or email outdoorschool2023@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		
6		

Dietary Allergies/Restrictions of participants during our program.

*I have reviewed each participant's **Release Form** . These are the only dietary allergies/restrictions for the **students and chaperones** . Meeting rooms at Spruce Lake will have a refrigerator that can be used by the school for persons who need to bring thier own food because of food allergies.*

Participant #	Group or Grade	Dietary Allergies/Restrictions
1		
2		
3		
4		
5		
6		

Print name: _____

Signature: _____

Name and signature of coordinating teacher or administrator

Date: _____