



YMCA Wanakita Outdoor Centre

DIETARY RESTRICTIONS & HEALTH MEDICAL CONCERNS

School/Group: _____

Contact Person: _____

Phone Number: _____ Email: _____

Please indicate the NAMES of people with Dietary Restrictions & Allergies:

Vegetarian
Vegan
Lactose Intolerant
Gluten Free (Celiac)
Fruit
Vegetables
Beef
Pork
Seafood
Chicken
Peanut
Other Nuts
Soy
Egg
Other

Please include the severity of all allergies and indicate if life threatening with a STAR.
In addition please let us know if any of the participants require an Epi-pen.

Health/Medical Concerns: If any participants have any health or medical concerns such as: Asthma, Pregnancy, Anaphylaxis, Epilepsy, Seizures or are on any Medications, as well as any Injuries that may be present, please list below.

Details:

Thank you for this information in advance. This Health/Medical Information will help the Wanakita Staff to plan accordingly for your trip and make it a safe place for all.

REMINDER: Wanakita cannot administer any medications to participants. It is the responsibility of teachers or chaperones of the group.

PLEASE RETURN THIS SHEET TWO WEEKS PRIOR TO YOUR GROUP'S ARRIVAL