

**Dietary Allergies/Restrictions** of participants during program at **Spruce Lake Outdoor School**  
*Please fax (570-595-3255) at least 2 weeks prior to your program*

School Name: \_\_\_\_\_

Program Dates: \_\_\_\_\_

These are the only dietary allergies/restrictions for members of our school.

Participant # (Names not necessary)	Group or Grade	Allergies/Restrictions
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Please attach a separate page to continue, if necessary.

*I have reviewed each participant's Release Form. 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 and dates).*

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Name and signature of coordinating teacher or administrator*

Date: \_\_\_\_\_