

# School KEY INFORMATION SHEET for Sea to Sky Outdoor School

**Note:** This key information can be extracted from the S2S 'Personal Profiles' filled out by all participating students and adults.

NAME OF SCHOOL: \_\_\_\_\_ DATES: \_\_\_\_\_ Ferry time: **First** Day \_\_\_\_\_

Lead Teacher: \_\_\_\_\_ cel # \_\_\_\_\_ Ferry time: **Last** Day \_\_\_\_\_

**SEA TO SKY PROG COORDINATOR (PC)** \_\_\_\_\_ cell # \_\_\_\_\_

In our ongoing effort to insure that all participants have a safe, satisfying, trouble free experience at Sea to Sky we ask that the school makes every effort to get to know the **dietary, health and medical needs** of their students and accompanying adults well in advance of a Sea to Sky Outdoor School program. The table below is intended to highlight the information we need **two weeks prior to the group's arrival** so that both food service and Sea to Sky teachers are prepared for your group. Surprises of the health, medical or dietary variety are not fun. Help us insure that this is a good experience for all participants.

**Note:** Please give full names in the boxes below. When adults are listed please indicate such with an **(A)** following their name.

<p><b>Group Size</b></p> <p># Students _____</p> <p># student 'leaders' _____</p> <p># Adults _____</p> <p><b>TOTAL #:</b> _____</p>	<p><b>Vegetarians</b></p> <p>Participants who have specifically asked for a <b>non-meat diet</b>.</p>	<p><b>SEVERE</b> food allergies* ie. <u>Serious</u> or <u>life threatening</u></p>
<p><b>Group Profile</b></p> <p>Grade(s): _____</p> <p>Age(s): _____</p> <p>Gender _____</p> <p><u>Gender ratio:</u> eg. 50:50?</p> <p><i>Other important info about group?</i></p>	<p><b>Food Restrictions or mild food allergies</b> eg. Gluten, no dairy (milk, cheese, butter), no pork (for cultural/religious reasons), nuts, eggs, etc.</p> <hr/> <p>* <b>School adult</b> designated as 'Medications' dispenser _____ We require that all student medications are collected <b>prior to arrival</b> and dispensed by an adult as needed.</p>	
<p><b>Tetanus shot?</b></p> <p>Participants who have <b>not</b> had a tetanus shot in the last 10 years.</p>	<p><b>MEDICAL Conditions</b></p> <p>eg. Diabetes, asthma, seizures, heart, fainting, pregnancy, recent illness, etc.</p>	<p><b>SEVERE non-food ALLERGIES</b></p> <p>Severe means <u>Serious</u> or <u>life threatening</u> eg. bees/wasps, pollen, specific medications, etc. (indicate if participant carries an epipen)</p>
<p><b>Health Concerns</b></p> <p>eg. Prone to nosebleeds, headaches, sleep walking, snoring, bed wetting, etc</p>	<p><b>Non-swimmers</b></p> <p>ie. participant indicated '<b>rock</b>' on their S2S <i>Personal Profile</i> in the rock / dog / fish category</p>	<p><b>Any other participants with ...</b> <u>mobility issues</u> that will prevent them from walking/hiking while at Outdoor School. Be specific! (eg. a flight of stairs would be challenging)</p>

**Note:** Please email this **KEY INFORMATION SHEET** to Tim Turner at: [timturner@seatosky.bc.ca](mailto:timturner@seatosky.bc.ca)