

Headlands Institute HIKING GROUP LIST

School/Group: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

Instructions: Verify the number of hiking groups before you start. Divide the total number of students by 16 and round up. The result is the number of hiking groups you should create (and the number of copies of this form you should make). Each group should have about the same number of students. **Remember** that each group must have at least one adult, but **no more than two adults**. **Medical/Diet Alerts:** Next to **each** participant's name, please summarize all **current** medical conditions (e.g., syndrome, allergy, etc.) and diet restrictions (e.g., vegetarian, peanut allergy, etc.). Medical/Diet Alert summaries are taken from each participant's completed *Registration Form*. Please be sure to **SIGN** the health-related acknowledgement at the bottom of each hiking group. Once your hiking group lists are completed, please send us **copies** (along with *Registration Forms*) **two weeks** prior to your trip. Please also **distribute** copies to all participating adults and bring them with you to the Headlands Institute. Inform us immediately of any changes to your hiking group lists that occur after this form has been sent out. Please use **only** this form for listing hiking groups.

HIKING GROUP NAME _____			
<u>Name</u>		<u>Medical Condition*</u>	<u>Diet Restriction</u>
First	Last		
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			

Adults (Please Note: If parents are attending, we recommend that they not be assigned to their child's hiking group to allow the student to have his/her own experience and to help parents focus on safety and participation needs of their entire hiking group.)


\*Continue Meds/Diets here if needed (indicate line #):

\_\_\_\_\_

\_\_\_\_\_

I have reviewed the *Registration Form* completed for each participant in the hiking group by his/her parent or guardian, and have noted and/or otherwise summarized here all listed **current** medical conditions and dietary restrictions provided by such parent or guardian. **Print Name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_