PROCEDURES FOR STUDENTS WITH SERIOUS FOOD ALLERGIES AND DIETARY NEEDS

Food allergies are becoming more and more apparent in students on our programs. Our goal is to ensure the comfort of every one of our participants, but we need your help. Following are some guidelines for you, your child and your child’s physician to consider when deciding whether or not to participate in a Naturalists at Large program. We will do everything possible to accommodate your child’s needs; however, there are some requests that are simply not possible to honor. We cannot guarantee a peanut, tree nut, gluten, or dairy free environment on any of our programs. We cannot accommodate requests for specific brands of food or ingredients to avoid. We will try to make information available about our food, but the ingredients of certain snacks or entrees may not always be present. Above all else, it is necessary for your child to be personally responsible for their own dietary needs as they would in any environment away from home.

If you or your child is worried about the availability of certain foods, we encourage you to send some of your own for the duration of the program. We will assist your child in the storage and handling of their food. For students with life threatening allergies requiring Epinephrine and/or students who will be sent with supplemental food for the program, we highly recommend assigning a point person from your school to help ensure we are all taking care of your child’s needs. In order to better prepare for this experience, please read the following information.

Our programs

Outdoor Learning Centers (OLC): These programs are essentially our tent camping trips with the exception of El Capitan and Camp Gilmore. We provide the food, cooking staff and group cooking gear for this experience. Our cooks are friendly and well versed at working with children. They are also trained as our instructors. We have more control over the items on the menu for these programs; however, it is difficult to know what specific brands of foods we will be able to secure until one or two days before the program. In general, our instructors finish a program on Friday, drive to their next site and stop at a variety of stores on the way to buy food for the trip. This is why it is hard to secure specific brands. We are not sure what we will have until we assess the store inventory.

Lodge Programs: Generally your child will be housed in a cabin for these trips, and the camp that we work with will be in charge of the food for the program. Camps are getting better and better at accommodating various needs and allergies. It will be important for you to have a discussion with the Field Coordinator for this program as soon as possible to secure a menu for this trip, and implement a notification of the need/allergy to the site. Lodge programs generally have a better idea about brands and types of food since their menus are more consistent, and their food provider rarely changes.

Buffet Style

All of our meals are served buffet style. We do not build individual sandwiches, burritos, burgers, etc. for your child. That will be something they do while moving through the buffet line.
This makes it easy for them to avoid the foods that they need to avoid. We also do not premix salads with dressing or other items.

**Peanuts**

We have adopted a “Peanut sensitive” menu for all of our OLC programs. This means that we will avoid peanuts, peanut butter, and foods that clearly contain peanuts (Peanut butter Captain Crunch for example). We cannot go so far as to avoid foods that have the disclaimer “May have been processed in a facility that processes peanuts” or any other disclaimer of the same nature. We don’t say this to be inflexible. Imagine buying food for 80 students for 5 days for a total of over 1000 meals. It is a big, time-consuming job. For Lodge programs, we cannot control the presence of peanuts, though many lodges and camps will take peanuts and peanut butter off the menu via a request from our Field Coordinator.

**Tree-nuts**

At the request of the administrator from your school, we will accommodate a “Tree-nut sensitive” menu. All of the stipulations in the Peanut section apply. We feel that this request should be well thought out, because it becomes much more difficult to provide protein for participants who are burning lots of calories during long, fun days.

**Dairy Allergies**

We provide Soy milk and Rice milk on our OLC menus. Most lodges will provide these items with advance notice as well. Please notify us of dairy allergies so we make sure that we have enough. To be safe, we recommend sending dairy alternatives which we will store and manage. There may be other snacks and foods that your child will want to avoid based on the specific allergy and the intensity of the allergy. (Trail mix with milk chocolate for example.) For more severe dairy allergies or whey allergies, specific discussions with NAL will be important. It will be likely that sending alternatives from home is the best way to proceed.

**Gluten**

For a wheat or gluten free menu it is best to talk with the Field Coordinator at Naturalists at Large about the menu for your program and see the menu page on our website. The Field Coordinator can tell you which meals will be served, and you can use the menu page as a guide for supplementing. We will assist in the management and handling of this food to the best of our ability. You can expect the following items on the menu for any of our OLC programs: Corn Flakes for breakfast, Fritos and corn chips for snacks, corn tortillas and corn chips for burrito dinner.

**Food Handling**

We will ice your child’s cooler on tent-based programs, or find refrigerator space on our lodge-based programs. Many of our lodge-based programs have microwaves, which can give you more options for providing easy-to-cook meals that resemble the items on the menu. It is best to send your child with a cooler and/or box of food packed with prepackaged, ready-to-eat style meals that require little or no preparation. For items that are available to supplement our menu, please take the time to individually bag those items and label them by meal. You may notice that your child brings some of this food back home. If that is the case, it is likely because your
child was able to eat the food we served based on the brand and ingredients, not because it wasn’t made available.

Your child will have access to this food during our working hours, and any time they need in the event of an emergency. It is important that this food does not accompany them to bed at most of our sites due to the likelihood of critter visitation. We will show your child and a representative from the school where their food will be day and night. In the night time it will be secured in a food storage bin, facility, or one of our vehicles.

Your child should always feel comfortable in asking our chefs or Program Coordinators to access their food, or any other items that they have previously seen on the menu. If we have leftovers that are safe to eat, they are welcome to them. It is important that they speak up for themselves if they are not getting the sustenance they need, and we will do everything we can to provide a welcoming platform for that interaction.

**Celiac disease**

We will take as many steps as we can to avoid cross-contamination issues, but as you most likely know, Celiac disease can be difficult to manage. Avoiding cross-contamination issues while cooking in the outdoors can be especially difficult. We cannot provide separate utensils, bowls, pots, wash basins, etc. in order to avoid this. We can attempt to set up the buffet lines in order to limit this problem, but there is no guarantee that it will suffice. More dialogue with your Field Coordinator will be important for your decision to place your child on this trip. Above all else it should be an informed decision made by you and your physician.

**Anaphylaxis**

All of our instructors are trained in basic first aid and CPR, and many hold a Wilderness First Responder Certification. Advanced notice of your child’s allergy is important. We most likely will receive this information by talking to you and the faculty in charge of the program, and we also require a list of medical red flags from your school. Using this list, we will pair our most highly trained staff with the students who carry Epi-pens for possible anaphylactic reactions. Provided the prescription is for your child, the particular instructor or faculty present has specific training in the diagnosis, use, and administration of Epi-pens, and we have express permission from you to administer the drug, we will do so if we deem it an anaphylactic reaction. The faculty on the program will be the first to administer if they have the training and certification. You are welcome to provide this medical direction in a letter to us, via your physician, or by specifying this on the prescription drug form that will be sent to you by the school.

It is up to you and your Doctor to decide whether your child’s allergy is too serious to keep them safe on a program with us. We encourage any student with a prescription for Epinephrine to bring two full doses with them to the program. Your child should carry one dose, and the school faculty in your child’s trail group should carry the other.

Consult your Field Coordinator in regards to ambulance response times, hospital drive times, and other specific logistical concerns in regards to your child’s specific site.
CHILD PARTICIPANT’S PERSONAL AND MEDICAL INFORMATION
To be completed by parent or guardian: PLEASE PRINT and use dark ink.

PARTICIPANT’S NAME: __________________________AGE ____ DATE OF BIRTH ____/____/____ SCHOOL __________________________

STREET ADDRESS: __________________________________________________________________________________

CITY, STATE, ZIP CODE: ___________________________________________________________________________

TELEPHONE: (____) __________________________ FAX (IF AVAILABLE): (____) __________________________

PARENT’S NAME: ___________________________ PARENT’S NAME: ___________________________

PARENT’S WORK NO.: (____) ___________________ PARENT’S WORK NO.: (____) ___________________

PARENT’S FAX: (____) ______________________ PARENT’S FAX: (____) ______________________

PARENT’S CELL PHONE: (____) __________________ PARENT’S CELL PHONE: (____) ________________

PLEASE INCLUDE INFORMATION FOR ALL PARENTS OR GUARDIANS

E-MAIL ADDRESS ________________________________________________________________________________

IN AN EMERGENCY, NOTIFY: _______________________________ RELATION TO CHILD: __________________

PHONE: (____) ______________________ ALTERNATE PHONE: (____) __________________WKFAX/PGR

PARTICIPANT’S PHYSICIAN: __________________________ PHONE: (____) _______________________

DATE OF MOST RECENT TETANUS TOXOID VACCINATION: ________________________________

YOUR HEALTH INSURANCE COMPANY: __________________________ PLAN NO./I.D. NO. ________________

Non-swimmer? Yes No
Any medical conditions which will restrict participation in vigorous physical activity, such as a five mile hike? Yes No
Other conditions? Yes No
Allergies to plants or medications? Yes No
Carries Epinephrine for emergencies? Yes No
Taking any regular medication? (Fill out attached medical information form) Yes No
Recent surgery, dietary restrictions, or other pertinent medical information? Yes No

Please provide details of any items to which you have answered “yes” to above:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please understand the importance of honest and accurate disclosure. Incomplete or misrepresented information may impact your child’s well being.
PRESCRIPTION MEDICAL FORM FOR CHILD PARTICIPANT

This form should be filled out for each prescribed medication the student will be taking. Accurate counts of all medications should be taken before and after the course in the presence of the head chaperon. This form is placed in the student's file and a copy is taken into the field for the program duration.

Program __________________________ Program Dates __________________

Student Name ______________________ School Name __________________

Doctor’s Name ______________________ Phone (______) ________________

Parent or Guardian Name(s) ___________ Phone (______) ________________

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Side effects (reactions to food, dehydration, sun, stress, iodine, other medications, decreased balance, or ability to concentrate, increased motor activity, etc.):

________________________________________________________________________________________
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Other important information about this medication is helpful since there may not be easy access to medical information and facilities:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

SEND: Small envelopes or ziploc baggies for each medication. Enclose one (1) day of medication in each envelope or baggie.

LABEL EACH ENVELOPE:
1. Day of the week
2. Child’s name
3. Name of medication
4. Dosage and time to be taken
5. Prescribing doctor’s name and phone number

PLEASE PLACE ALL OF THE CHILD’S MEDICATIONS TOGETHER, LABELED AND PACKAGED AS PER INSTRUCTIONS ABOVE.
PLACE IN ONE ZIPLOC PLASTIC BAG WITH CHILD’S NAME ON THE BAG.

Please send essential medications only.

Please understand the importance of honest and accurate disclosure. Incomplete or misrepresented information may impact your child’s well being.
I, ____________________________, on behalf of myself [and my minor child, __________________](referred to individually and /or collectively as “Participant”) hereby agree as follows:

NATURALISTS AT LARGE and its authorized agents, employees, and representatives (referred to herein, collectively, as “NAL”) provide organization, supervision, instruction, equipment and supplies for participation in its programs. However, there are significant elements of risk in any adventure, sport or activity associated with the outdoors, including environmental education, hiking, backpacking, ropes courses, rock climbing, boating or swimming, that may be carried out in the course of participating in this or other NAL programs (referred to herein as “Activity” or “Activities”) and the use of any related equipment. Any or all of these or other activities may involve physical contact with employees and/or other participants. NAL uses independent contractors and leases independent lodging facilities for some services and accommodations. NAL does not assume any responsibility for any losses or injuries caused by acts or omissions of such persons or entities.

BASIC DESCRIPTION OF PROGRAMS AND RISKS: NAL programs include camping in tents, stays in cabins or other lodging facilities, excursions, environmental education, hiking, backpacking, ropes courses, rock climbing, boating, swimming, eating meals while on trails, skiing, snowshoeing, staying one or more nights at a remote site away from camp, shelter building, service activities, games, snorkeling, night snorkeling and other nighttime activities, camp fires and one day programs. Participants may camp in NAL-provided tents or cabins and may assist NAL personnel in food preparation.

ACKNOWLEDGMENT OF RISKS: Participant recognizes the fact that there is inherent danger, foreseeable and unforeseeable, in these types of Activities. These risks may result in serious injury or loss of life, and include, but are not limited to, falling on uneven terrain or other surfaces, cold weather related injuries and other injuries or illnesses resulting from extreme weather conditions, excessive sun exposure, exposure to allergens, anaphylaxis, heat related illnesses, altitude related sickness, “acts of nature,” accidents resulting from river crossings, fordings, travel (including travel to or from the Activity), animals, insects, plants and vegetation, equipment failure, varying wind, water, and weather conditions, vector exposure, water-related hazards from snorkeling, canoeing or other similar activities, and problems arising from a participant’s loss of balance or inability to follow directions. Participant acknowledges that he/she and/or his/her child may suffer accidents or illnesses in remote places where there are no available medical facilities. Participant can lessen the inherent risks posed by the Activities by carefully adhering to the equipment lists and following the directions provided by NAL. Participant understands that during part of NAL’s programs, minor Participants will be under the supervision of teachers, chaperones and other adults who are not NAL employees and who have not been selected, and are not supervised, by NAL. Participant agrees NAL is not responsible for the acts or omissions of any such individuals.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: PARTICIPANT HEREBY ACKNOWLEDGES AND ASSUMES THE ABOVE-DESCRIBED INHERENT AND OTHER RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITIES ORGANIZED BY NAL, AND UNDERSTANDS THAT THESE ACTIVITIES CAN BE HAZARDOUS AND INVOLVE THE RISK OF SEVERE INJURY OR DEATH. In recognition of the various risks relating to the Activities which Participant will engage in, both foreseeable and unforeseeable, Participant confirms that he/she and/or his/her child is[are] physically and mentally capable of participating in all Activities and/or using all equipment. Participant acknowledges that during the Activity he/she and/or his/her child may experience symptoms such as fatigue, chill and/or dizziness, which may diminish his or her reaction time or increase the risk of an accident. My/our participation is voluntary and Participant hereby assumes all risks and full responsibility, on behalf of all parties including myself, my child, and/or my child’s heirs and assigns.
WAIVER AND RELEASE FROM LIABILITY: ON BEHALF OF MY CHILD, MYSELF, MY CHILD'S OTHER GUARDIANS AND MY CHILD'S HEIRS AND ASSIGNS, I/PARTICIPANT HEREBY ASSUME ALL RISKS AND FULLY AND FOREVER WAIVE, RELEASE AND DISCHARGE NAL AND ITS DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES, INDEPENDENT CONTRACTORS, INSURERS, AGENTS AND ALL OTHER PERSONS, FIRMS, ASSOCIATIONS OR OTHERS WHO ARE OR MAY BE LIABLE IN ANY WAY (“RELEASEES”) FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION AND DAMAGES OF WHATSOEVER KIND WHATSOEVER, INCLUDING, WITHOUT LIMITATION, GENERAL, SPECIAL, COMPENSATORY AND PUNITIVE DAMAGES, FOR PERSONAL INJURY, PROPERTY DAMAGE, NEGLIGENCE OR WRONGFUL DEATH ARISING OUT OF, RELATING TO OR IN CONNECTION WITH ANY OF THE ACTIVITIES. PARTICIPANT SHALL NOT, EXCEPT FOR THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF RELEASEES, BRING ANY CLAIM, DEMAND, LEGAL ACTION AGAINST AND/OR SUE THE RELEASEES FOR ANY ECONOMIC OR NON-ECONOMIC LOSS DUE TO BODILY INJURY, DEATH AND/OR PROPERTY DAMAGE ARISING FROM THE ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, ANY ENHANCEMENT OR INCREASE IN THE INHERENT RISKS OF PARTICIPATING IN THE ACTIVITIES.

MEDICAL AUTHORIZATION: I hereby authorize any medical aid or treatment deemed necessary in the event of any injury or illness while participating in the Activity. I either have appropriate insurance, or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my or my child’s behalf. I agree to hold NAL harmless for any and all costs or liabilities so incurred.

AUTHORIZATION REGARDING USE OF IMAGES/RECORDINGS AND OTHER MATERIALS: In connection with our participation in the Activities, Participant consents to the recording of our physical likeness[es] and/or voice[s] through mechanical, photographic, technical, digital, electronic or other means that now exists, or may in the future exist, including without limitation still photography, motion pictures, videotape, audiotape, digital imaging, audio, and video (“Recordings”). Participant hereby consents to and authorizes NAL and its designees, successors and assigns to use, in perpetuity, throughout the universe, and in all now known and hereafter existing media, and in any language, such Recordings, as well as our names, for any purpose, including advertising, promoting, exploiting and/or publicizing the Activities and/or NAL, as well as for archival and other purposes. Participant further agrees that the foregoing includes the consent to use any artwork and/or testimonials created by Participant, our physical likenesses in any form, including, without limitation, a photograph, picture, artistic rendering, silhouette, composite, distorted representation or other reproduction by photograph, film, tape, digital recording or otherwise, and Participant waives any claim he/she/they may have in connection with the Recordings. In addition, Participant agrees that once any such materials are submitted, such material shall become the property of NAL.

HOLD HARMLESS: Except with respect to the gross negligence or willful misconduct of the Releasees, Participant hereby agrees to indemnify and hold harmless Releasees from and against any and all claims, liabilities, loss, damages, demands, actions and/or causes of action, including attorney’s fees, costs and expenses of any kind, which may be made against them, or any of them, which arise in any way out of the actions of the Releasees, including the active or passive negligence of the Releasees while Participant is engaged in the Activities.

DISPUTE RESOLUTION AND WAIVER OF RIGHT TO JURY TRIAL: Any dispute arising between Participant and any of the Releasees arising from participation in the Activities, and/or concerning the formation, validity, interpretation or effect of this Agreement (an "Arbitrable Dispute"), including, but not limited to, any claim for breach of contract or covenant (express or implied), any tort claim (including claims for personal injury, emotional injury, illness, bodily harm or death) and/or any claim related to damage to or loss of property, must be submitted to arbitration. The selection of the arbitrator and the arbitration proceeding shall be conducted in accordance with the then-current JAMS Comprehensive Arbitration Rules and Procedures, and California law shall be applied by the arbitrator. Unless otherwise mutually agreed between the parties or prohibited by law, the arbitration shall take place in or near the county of Ventura, California. Arbitration pursuant to this paragraph shall be the exclusive remedy for any Arbitrable Dispute. The arbitrator's decision or award shall be final and binding, fully enforceable and subject to an entry of judgment by a court of competent jurisdiction.

Should any party bound by this Agreement attempt to resolve an Arbitrable Dispute by any method other than arbitration pursuant to this paragraph, the responding party shall be entitled to recover from the initiating party all damages, expenses and attorney's fees incurred as a result.

SEVERABILITY AND INTEGRATION: This Release is intended to be as broad and inclusive as is permitted by law and if any portion hereof is found by any arbitrator or court of competent jurisdiction to be invalid or unenforceable, or
inconsistent with any statute or regulation pertaining to the National Park Service or the use of federal lands, any such portion shall be limited to the extent necessary to comply with such law or regulation, or, if necessary, shall be severed herefrom and the remainder of this Release shall, nonetheless, continue in full legal force and effect. This Release shall remain in full force and effect for all Activities or any portion thereof which do not occur on property controlled by a governmental agency that prohibits such releases. No amendment, modification or supplement to this Agreement shall be binding unless it is in writing and signed by Participant and NAL.

**NAL ACTIONS:** I realize that NAL, as a provider of goods and/or services, may find it necessary to terminate an Activity, whether due to forces of nature, medical necessities, problems in the group or other reasons that NAL, in its discretion, deems prudent. I also realize that NAL may refuse or terminate the participation of any person NAL, in its sole discretion, judges to be incapable of meeting the rigors or requirements of participating in the Activity. I accept NAL’s right to take such actions with respect to my child and other participants.

I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AND RESPONSIBILITY, AND RELEASE, FULLY UNDERSTAND ITS CONTENTS, AND AM SIGNING IT VOLUNTARILY. I HAVE HAD ANY QUESTIONS CONCERNING THE PROGRAM AND ACTIVITIES ANSWERED TO MY SATISFACTION. I HAVE BEEN ADVISED TO CONSULT WITH AN ATTORNEY OF MY OWN CHOOSING CONCERNING THIS RELEASE AND UNDERSTAND THAT IN THE EVENT OF ANY ISSUE REGARDING ANY TRANSLATION OF THIS RELEASE, THE ENGLISH VERSION OF THIS RELEASE SHALL CONTROL.

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