

ALLERGY QUESTIONNAIRE

Please complete this form and return to Overland **only** if your child has any allergies or intolerances.

MEALS: GENERAL INFORMATION

Good food (and plenty of it!), excellent nutrition and fun are the goals of Overland's meals. Each group buys, prepares and eats all of its meals together. Our campers, with their leaders' supervision, prepare all meals. At Overland, meals are a group experience, an important way to foster connection with and consideration for other group members.

ALLERGIES & INTOLERANCES

We recognize there are many young people with food allergies or intolerances. We welcome these young people's interest in joining us, and we ask parents of a prospective Overland camper with an allergy/intolerance to please consider the following important information.

Most meals at Overland are prepared in basic kitchens (or outdoors), and groceries are typically purchased from small stores with limited choices. As a result, meals are prepared and served in what may be allergen-contaminated environments, and on many trips allergen-free/gluten-free foods are not readily available. While we cannot guarantee allergen-free meal settings, we will do what is reasonable to provide allergen-free/gluten-free foods on those trips where available.

In all things, our top priority is to help maintain all campers' well-being; to this end, all Overland leaders are trained to recognize and respond to allergic reactions, including administering antihistamines and epinephrine (both are carried in every trip's first aid kit); leaders carry cell phones, and in some cases, satellite phones, so that should the need arise, emergency personnel can be contacted and their services requested. It is important for all prospective parents to understand that many groups travel in remote areas where emergency services may not be easily or readily accessible.

OUR ADMISSIONS PROCESS IS COLLABORATIVE

During our admissions process we will review all submitted Allergy Questionnaires to understand the applicant's allergy/intolerance. We will then consider whether or not the applicant's allergy/intolerance may be reasonably accommodated. If our admissions team has any concerns they will contact the parent. In this conversation we will seek to learn more about the allergy/intolerance; and we will discuss the available grocery stores, emergency services and medical facilities on the applied for trip. These conversations generally have one of three outcomes:

- The applicant is placed on the applied for trip if the applicant otherwise qualifies.
- We offer a different trip if the applicant otherwise qualifies.
- We recommend waiting a year and re-applying.

MANAGING FOOD ALLERGIES/INTOLERANCES IS A PARTNERSHIP

Our commitment is to the health and well-being of each of our campers. Our goal is to partner with parents and campers—a partnership in which:

- We clearly describe our programs and policies;
- Parents clearly describe their child's allergies or intolerances, and their child's maturity level and capability to self-manage his or her allergy or intolerance.
- We work together with parents in a collaborative and interactive process to determine if there are reasonable accommodations that can be made so that otherwise qualified applicants can participate in our programs.
- Campers on a program take an active role in managing their allergies, including reading food labels as needed, eating only those foods with known ingredients, and seeking a leader if a reaction is suspected.

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ALLERGY QUESTIONNAIRE *(continued)*

CAMPER'S NAME _____ DATE OF BIRTH _____

Please call us if you have any questions or concerns—our admissions process is intentionally collaborative and we seek to partner with parents to make appropriate trip placements. Thank you.

GENERAL INFORMATION

1. Please describe your child's capability to self-manage his or her allergy or intolerance.

2. Will your child carry an EpiPen this summer? YES NO

3. Has your child ever had to use an EpiPen? If so, when and what caused the reaction?

4. Please attach a copy of your child's current **Allergy Action Plan**. If you don't have an Allergy Action Plan, please describe what actions are taken if your child starts to have a reaction.

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ALLERGY QUESTIONNAIRE *(continued)*

CAMPER'S NAME _____

Please provide the following information for each allergy/intolerance (you may attach an additional page for each additional allergen). **Please provide your signature below.**

ALLERGEN: _____

1. Please describe your child's allergy or intolerance.

2. Has your child had a reaction to this allergen? YES NO
If yes, please describe (and indicate when the reaction occurred)

3. How sensitive is your child to this allergen when your child ingests the allergen (circle one):

Anaphylaxis/Life Threatening Hives/Skin Irritation Other: _____

4. How sensitive is your child to this allergen when your child touches a surface that has residue of the allergen?

Anaphylaxis/Life Threatening Hives/Skin Irritation Other: _____

5. How sensitive is your child to this allergen when your child smells or is exposed to the allergen in an airborne form?

Anaphylaxis/Life Threatening Hives/Skin Irritation Other: _____

6. Is your child's allergy such that he or she avoids things produced in the same facility as the allergen? YES NO
If yes, please describe:

SIGNATURE OF PARENT/GUARDIAN COMPLETING THIS FORM: _____

PRINTED NAME OF PARENT/GUARDIAN COMPLETING THIS FORM: _____

BEST PERSON TO FOLLOW UP WITH IF NECESSARY: _____ PHONE: _____