



### Medical Information and Food Allergy Form

Submit one form for the entire group listing conditions, allergies and diets.

Return this form to the scheduler at [scheduler@disl.edu](mailto:scheduler@disl.edu) at least 3 weeks before your arrival.

**School/Group Name**

**Field Trip Date**

**Group Leader Name**

**Mobile Phone #**

**Email Address**

**# of Participants**      /  
Students                      Chaperones

To ensure your students' safety during their field trip at the Dauphin Island Sea Lab, please list any medical conditions, special needs or allergies that you would like us to be aware of.

---

---

---

---

---

---

---

---

---

---

---

Please list food allergies and dietary restrictions with the number of individuals for each. If specific meals need to be prepared, please list each the individuals names with their food allergies or dietary restrictions.

---

---

---

---

---

---

---

---

---

---

---

Teachers and chaperones with your group are responsible for the health and safety of students while visiting the Dauphin Island Sea Lab.

Thank you for helping the DISL staff provide a safe and enjoyable experience!