# **Special Circumstances**



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The Mountaineers strives to be a welcoming and inclusive organization. We believe that our program participants benefit from sharing meaningful experiences in a positive outdoor environment with others who bring a diversity of skills, life experiences, personalities, perspectives and beliefs to the program.

Many youth have life situations that may influence their experience in Mountaineers programming. These situations may be medical, physical, dietary, religious, emotional, family-related, school-related or trauma-related. In order to best serve each youth, we request that parents/guardians share this information with us on this form.

The Mountaineers is an Outdoor Education organization, and we strive to provide the best possible learning environment so that participants have the best chance of success in skill- and community-building. This includes maintaining physical and emotional comfort and safety for participants. The Mountaineers will make every effort to accommodate any special requests associated with the circumstances listed on this form. In the event that we cannot make accommodations, we will communicate that in advance with the family, and the youth will have the option to participate without accommodation or to forego participation.

The Mountaineers takes privacy and confidentiality seriously. Information on this form will be shared ONLY with the individuals listed as "primary leaders" for the activity or activities in which the youth is participating. Information will not be disclosed to any other individuals except as necessary for the safety of the youth and as communicated with the youth and family in advance of disclosure. Youth may have the option to forego participation in lieu of disclosure.

PLEASE COMPLETE BOTH SIDES OF THIS TWO-PAGE FORM	
	Does the youth participant have any special dietary needs?noyes
	Does the youth participant receive any special services at school?noyes
	Please share anything we can do that will help the youth participant be successful in our program:
	Does the youth participant take any medication during the school year?noyes – which ones?
	boes the youth participant take any medication during the school year:
	Are there any recent adjustments or family situations that may be impacting the youth participant?
	Are there any recent adjustments of family situations that may be impacting the youth participant:
	Are there any religious accommodations you would like us to make for the youth participant?

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	will provide basic first aid in the field according to their training and cermbulance to the nearest definitive care facility. Do you have any specifnt?
Does the youth participant have any short-term or long-ter	rm physical limitations?
Are there any specific accommodations you would like to re	request that have not already been listed on this form?
Is there anything else you'd like us to know?	
May we disclose this information at our discretion to otheryesNo, we request that you consult with the family and you	
May we disclose this information at our discretion to otheryesNo, we request that you consult with the family and you	
Youth Participant printed name	Date
Youth Participant signature	Date
Parent/Guardian printed name	Date
Parent/Guardian Signature	Date