

## Wild Hawai'i Hiking Group List

School/Group: \_\_\_\_\_ Program Dates: \_\_\_\_\_

**Instructions:** Please use **copies** of this original blank form (keep orig. for future programs). **Verify** the number of hiking groups before you start. **Divide the total number of students by 10 and round up.** The resulting number is the number of hiking groups you should create (and the number of copies of this form you should make). Please distribute students equally among all hiking groups (i.e. each hiking group should be about the same size). **Remember** that each group must have at least one adult, but **no more than two adults** are allowed per hiking group. **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*) **one week** prior to your trip. Please also **distribute** copies to all participating adults and bring them with you on the day of your program. 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 Conditions</u>	<u>Diet Restriction / Preference</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
<b>Adults/Chaperones</b>		
1. _____	_____	_____
2. _____	_____	_____

Continue Meds/Diet notes 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:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_