Name:_____

CATALINA COUNCIL NYLT

Pre-Screening Form

The purpose of this form is to gather information to provide a safe and effective learning environment. All information is confidential and will be seen by adult staff only.

Is there a history of serious or anaphylactic allergies (foods, bees, medication, plants, etc.) that may be of concern during the course? This does not apply to seasonal allergies. Do you have and/or use medication (epi-pen, benadryl, etc.) to help relieve these allergies? If not applicable, write N/A.

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_____

Is there a history of asthma, difficulty with exercise, or elevation? Do you carry or use an inhaler? If not applicable, write N/A.

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_____

Is there a history of diabetes or issues with low blood sugar? If not applicable, write N/A

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_____

Are there any dietary needs (vegetarian, gluten-free, etc.)? If so, what are they? If not applicable, write N/A.

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_____

Is there a history of MESH (Mental, Emotional, or Social Health) issues? Please explain. If not applicable, write N/A.

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