



The North Carolina Outward Bound School (NCOBS) strives to accommodate applicants who have dietary preferences or dietary restrictions.

All Outward Bound applicants are required to provide medical information related to their medical history or condition. Once all required paperwork is returned, each applicant will be reviewed on a case-by-case basis.

Regarding dietary preference such as vegan or vegetarian, NCOBS can accommodate by:

- Allowing applicants the choice not to eat certain foods/ingredients we provide OR
- Prior to course start, the applicant, medical screener and/or the NCOBS logistics manager have confirmed alternate diet arrangements.

Regarding dietary restrictions, we must be clear that NCOBS cannot guarantee there will be no exposure to known allergens. NCOBS can accommodate by:

- Purchasing foods from manufacturers that have not processed specific allergens on the same equipment.
- When packing out food for an applicant/crew with a dietary restriction(s) only the applicable allergen free foods will be packed at that time to reduce the potential for cross contamination.

Applicants with dietary restrictions need to understand the following NCOBS protocols:

1. Food is stored in its own separate container, in the same facility as known allergens.
2. Containers may have been previously used to store known allergens, though are cleaned and sanitized/bleached between uses.
3. Food is packed using equipment that has previously been used with known allergens, though is cleaned and sanitized/bleached between uses.
4. Personal utensils provided for course participants have previously been in contact with known allergens, though are cleaned and sanitized/bleached between uses.

If the applicant has had an anaphylactic response related to a dietary allergen, NCOBS must consider our remote wilderness area as we determine the appropriateness of our programs for the applicant.

***Initial here to confirm you have read and understood the information and acknowledge you (your child) are able to eat foods that have been handled as stated above.***



**DIETARY ALLERGEN QUESTIONNAIRE**

1. Name of Allergen \_\_\_\_\_

2. Can the allergen be ingested if in trace amounts within a food product? **Yes / No**

3. Reaction(s) when exposed to allergen: (check all that apply)

Reaction	From Ingestion	From Physical Touch	From Inhalation	From Close Proximity
Swelling				
Nausea				
Itching				
Hives				
Vomiting				
Diarrhea				
Anaphylaxis (severe, life threatening allergic reaction]				
Other (please specify) _____				

4. If you checked Anaphylaxis above, please complete the following for each anaphylactic episode:

Anaphylactic REACTION 1

1) Date of reaction: (DD/MM/YR) \_\_\_\_\_

2) Did you visit the ER/hospital/Urgent care? **Yes / No**

3) If answered yes, please check the level of care provided during the above visit:

- Observation only (<24hrs, no admittance)
- Admitted for observation
- Admitted for advance care (ICU)

4) During the above visit were antihistamine (Benadryl) and/ or epinephrine administered? If yes, please indicate the following:

Medication	Dosage (amount)	Frequency (number of times dosage given)	Duration (time between repeat dosages)
<b>Anti-histamine</b>			
<b>Epinephrine</b>			
<b>Other</b> (please specify) _____			



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Anaphylactic REACTION 2 (if applicable)

- 1) Date of reaction: (DD/MM/YR) \_\_\_\_\_
- 2) Did you visit the ER/hospital/Urgent care? **Yes / No**
- 3) If answered yes, please check the level of care provided during the above visit:
  - Observation only (<24hrs, no admittance)
  - Admitted for observation
  - Admitted for advance care (ICU)
- 4) During the above visit were antihistamine (Benadryl) and/ or epinephrine administered? If yes, please indicate the following:

Medication	Dosage (amount)	Frequency (number of times dosage given)	Duration (time between repeat dosages)
<b>Anti-histamine</b>			
<b>Epinephrine</b>			
<b>Other</b> (please specify) _____			

Anaphylactic REACTION 3 (if applicable)

- 1) Date of reaction: (DD/MM/YR) \_\_\_\_\_
- 2) Did you visit the ER/hospital/Urgent care? **Yes / No**
- 3) If answered yes, please check the level of care provided during the above visit:
  - Observation only (<24hrs, no admittance)
  - Admitted for observation
  - Admitted for advance care (ICU)
- 4) During the above visit were antihistamine (Benadryl) and/ or epinephrine administered? If yes, please indicate the following:

Medication	Dosage (amount)	Frequency (number of times dosage given)	Duration (time between repeat dosages)
<b>Anti-histamine</b>			
<b>Epinephrine</b>			
<b>Other</b> (please specify) _____			

5. Is there anything else you would like to share regarding the dietary allergen?