Barrier Island Program Special Needs Form

2810 Seabrook Island Rd, Johns Island, SC 29455
Phone (843) 768-1337 Nurse (843) 768-8519

CONFIDENTIAL

School Name _____
Teacher Name _____
Dates of Trip _____

To help the Barrier Island staff properly prepare for your arrival, please note any special needs that your group may have whether medical, dietary, physical, mental, emotional, etc. For dietary needs, please indicate whether or not the parent wishes to be contacted by our kitchen staff the week before your arrival to discuss menu requirements prior to the trip, and if so, please provide their contact information.

Child's Name	Special Need	Field Group (if known)	Would the parent like to be contacted?	If yes, please provide parent name, phone and/or email.
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	