

# SHIRTS ACROSS AMERICA

## Medical/Dietary Needs

Please alert SAA Staff of any medical concern that may arise during the week. They will help determine the next course of action. **Please send completed form to [Forms@ShirtsAcrossAmerica.org](mailto:Forms@ShirtsAcrossAmerica.org).**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Trip Dates

List any Medications you will be bringing:


List any Food Allergies or Dietary Needs:


List any other medical concern we should know about:


500 Yale Ave North Suite 212, Seattle, WA 98109

Phone 206.212.1055 Fax 206.686.3304

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