



**Special Accommodations Request Form**  
**For Academic Year Programs**  
*(Mandatory for student and adult participants)*

Name of School: \_\_\_\_\_ Language: \_\_\_\_\_ Program Date(s): \_\_\_\_\_  
 Participant Name: \_\_\_\_\_ Name of Custodial Adult *(youth participants only)*: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of Birth *(youth participants only)*: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

**About Village Weekend programs:**

- **Schools and/or User Groups are responsible for providing their own medical staff and supplies.**
- The Village is at least 30 minutes from emergency services.
- Participants should arrive ready to participate in the program. Participants who are ill or injured should not attend. Anyone who is unable to participate is expected to leave the program. The custodial adult listed on this form will be contacted to pick up their child in such an event.
- All prescription and over-the-counter medications are to be left in the care of the school/user group’s designated medical personnel for the safety of all our guests and staff; the Language Villages does not administer medications to villagers. Medications must be brought in their original container.
- We expect children with chronic health concerns (i.e., asthma, allergies, diabetes) to be capable self-managers and to bring the supplies they need to manage their diagnosis.
- **If participants are prescribed emergency medication (rescue inhaler, Epi-Pen, etc.), it is required that participants bring it with them.** We expect that villagers who use injectables (e.g., insulin injections, epi-pens, growth hormone shots) are capable of doing their own injection.
- ***E-mail [health@cord.edu](mailto:health@cord.edu) if you have questions about this form.***

**Essential Villager Functions:**

- Given the Language Villages’ mission and the program that has been designed to support that mission, in order to be a successful villager, participants should be able to:
  - Meet their personal needs, such as getting dressed, showering, and eating;
  - Move independently from place to place; and
  - Effectively interact in our group-based and community-living environment, a setting that takes place largely outdoors and follows a schedule subject to change
- Participants will share a bedroom with several other people and will be expected to appropriately interact with others to accomplish all kinds of quests, maintaining emotional resilience in our language immersion setting.
- Mental, emotional, social, and/or physical behavior that negatively affects a participant’s ability to participate in the program or that significantly disrupts the program experience for others may constitute grounds for dismissal.

**Health-Related Concerns:** Please list any health-related concerns or restrictions for this participant. Please include specific examples:

\_\_\_\_\_

\_\_\_\_\_

***Please Note:*** Although every effort is made to provide reasonable accommodations, there are instances where a participant’s needs may exceed the scope of our program. Please be aware that staff from the participating school/user group are responsible for collecting information regarding participant health needs. Please share individual health concerns with designated personnel from your school/user group.

**Nutrition:** Mealtimes at Concordia Language Villages are purposefully constructed to support learners' forays into experiencing another culture. Our culinary staff makes most items from scratch in order to replicate the meal experience of the target cultures. Villagers will experience many different types of food through meals designed to facilitate social interaction and to take advantage of opportunities to use language in a social setting. Prepare your child so they are ready to try unfamiliar foods. We are unable to offer alternatives for "picky eaters" food sensory issues, or avoidant/restrictive food intake disorders. Our kitchens are not kosher or halal.

Has participant been diagnosed with a medically-verifiable food allergy? *Be sure to make a distinction between a food intolerance and a food allergy.*

Yes  No  If yes, what are they allergic to:

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*Please note, meals are prepared in kitchens that handle allergens, and while we can provide options made without those ingredients, risk of cross-contact exists and meals are not suitable for people with severe food allergies.*

Participant is lactose-intolerant: Yes  No  *NOTE: We expect participants to self-manages lactose intolerance using products, i.e. Lactaid.*

Participant requires a dairy-free diet: Yes  No

Does this participant need a vegetarian meal plan? Yes  No  *NOTE: If "Yes" is marked we will expect this meal plan to be eaten.*

**If YES**, check what kind of vegetarian plan is needed:

No Pork

Lacto-Ovo *(no pork, beef, chicken, fish, seafood)*

Lacto *(no meat, fish, seafood, eggs)*

Ovo *(no meat, fish, seafood, dairy)*

Semi-Vegetarian *(no pork or beef)*

Pesco *(no pork, beef, chicken)*

Vegan *(no meat, fish, seafood, dairy, eggs)*

### **Custodial Adult Authorization**

*This information is correct and the child described has permission to participate in all program activities. I understand that staff will call the indicated custodial adult (a) in an emergency, (b) if questions about my child's health arise, and/or (c) when my child is unable to continue because of injury or illness. I understand that it is my responsibility to ensure that my child brings any emergency medication with them. I understand that I will be billed directly for any healthcare received by the local Sanford Clinic/Medical Center, local ambulance service, or other Bemidji provider.*

Signature of Custodial Adult (for youth participant)

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Adult Participant

\_\_\_\_\_ Date \_\_\_\_\_