

PLEASE PRINT/TYPE Camp/Conference Attending:

Dates attending: to _____

PARTICIPANT INFORMATION: Do not complete this form if the camper does not have a food allergy or special dietary need.

Participant Name: Age: _____

Participant phone: (cell/home) Birth Date:

Participant email: _____

Parent or Guardian Name:

Relationship to Participant _____

Parent Phone (cell) Work: Home:

Email:

FOOD ALLERGY/INTOLERANCE(S): Please attach medical documentation describing the dietary restrictions due to the food allergy and/or intolerance, from the Participant's Physician (MD or DO). Documentation from a Doctor of Chiropractic not accepted.

*FOOD ALLERGY

___ Dairy ___ Soy ___ Eggs ___ Peanuts ___ Tree nuts

___ Fish ___ Shellfish ___ Sesame ___ Corn

___ Wheat (do not check this for celiac disease or gluten sensitivity, only wheat allergy)

Other, please list: _____

*FOOD INTOLERANCE:

___ Gluten (celiac disease or non-celiac gluten sensitivity, includes wheat, barley, oats, rye)

___ Lactose ___ Fructose ___ Sulfites ___ Histamines ___ Nitrites

___ Fructans ___ Tyramine ___ Galactans ___ Fava Beans ___ MSG

___ Salicylates ___ Polyols ___ Citric acid ___ Nightshades

Other, please list: _____

Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other):

Dietary Needs Questionnaire

Please answer the following questions to better help us with your needs:

1. What are the preferred food substitutions, if any? (soy butter for peanut butter, glutenfree breads, soy milk etc):

2. What types of contact will cause a reaction?

Airborne Trace Cross Contact Actual ingestion of food

Please explain:

3. Does the Participant understand the food allergy and what needs to be done to manage it?

4. Has the Participant ever attended camp or eaten meals outside the home?

If yes, how were the meals handled?

5. Is there any other information you would like to share to help us meet the Partici