

**Summer Camp Special Dietary Needs Form**

Name of Camper: \_\_\_\_\_ Unit: \_\_\_\_\_

Dates of Camp Attendance: \_\_\_\_\_

Information and Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies and Intolerances, with specific reactions: (please attach additional sheets if necessary)

	Food	Type	Specific Reaction	Severity
<i>Example</i>	<i>peanuts</i>	<i>ingestion/inhalation</i>	<i>anaphylaxis</i>	<i>life-threatening</i>

Other medically necessary diet (diabetes, gastroparesis, gastritis, etc)

Other special dietary needs (Kosher, Halal, vegan, etc)

For medically necessary dietary needs:

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My patient \_\_\_\_\_ has the following medically necessary dietary needs:

----- *Office Use Only* -----

*Date Received in Service Center:* \_\_\_\_\_

*Date Submitted to Camp:* \_\_\_\_\_