

Camp Diet & Allergy Form

The camp experience is about trialing new experiences including foods – We encourage all campers to eat the food provided if they are able. Please only fill out this form if the campers health is dependant on alternative foods. Our catering team take all dietary requirements very seriously. If this form is filled out the camper will not be able to eat other camp food even if they wish to do so. Campers with special dietary requirements may not be able to participate in the normal communal process of meal time if their diet requires separate containment.

Name of School/Group:

Camper Name:

Allergies & Severity:

Some of our food products use the labelling "May contain" the following: Soy, Gluten, Nuts, Sesame, Lactose and eggs

Low = Allergy Non life threatening

High = Medically defined allergy – Life Threatening

ALLERGIES

- | | |
|---|---|
| <input type="checkbox"/> Gluten Free / Coeliac | Severity: Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Dairy Free / Lactose Intolerant..... | Severity: Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Egg Free..... | Severity: Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Fish/Shellfish Free..... | Severity: Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Nut Free..... | Severity: Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Soy Free..... | Severity: Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Additives - Code Number(s) | Severity: Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Other: | Severity: Low <input type="checkbox"/> High <input type="checkbox"/> |
| | Severity: Low <input type="checkbox"/> High <input type="checkbox"/> |

Please provide us with some examples of meals the camper may eat at home.

Breakfast:

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Lunch:

.....

Dinner:

.....

Snacks:

.....

Diet:

- ☐ Vegan
- ☐ Vegetarian
- ☐ Halal / Kosher
- ☐ Other _____ (please provide meal examples above)

Guardian Name:

Phone: Email: