

SPECIAL DIETARY CONCERNS

Participant Name _____

Please complete this form and return to the teacher/group leader with your child, even if they do not have any special dietary concerns.

Does your student have any Special Dietary Concerns? Yes _____ No _____

If yes, please describe:

Peanut Allergies? Yes _____ No _____

If yes, please describe:

Other Food Allergies? Yes _____ No _____

If yes, please describe:

Teacher/Group Leader _____ **School/Group** _____

Parent/Guardian Contact _____ **Phone** _____

Note to group leaders: Dietary forms should be grouped and/or summarized then faxed at 248-887-5203 or mailed to Camping Services office a minimum of 2 weeks prior to camp.