



Camper Name \_\_\_\_\_ Session Attending \_\_\_\_\_

First Time Camper \_\_\_\_\_ Returning Camper \_\_\_\_\_

**Please answer the following questions to better help us with the camper's needs:**

1. What food(s) is the camper intolerant or allergic to? Please list foods that are to be avoided (dairy, gluten nuts, soy, eggs etc...)
2. What are the preferred food substitutions, if any? (soy butter for peanut butter, gluten-free breads, soy milk etc...)
3. What types of contact will cause a reaction? Circle and explain:  
Airborne   Aerosol   Cross Contamination   Actual Ingestion of Food   Other  
Please Explain:
4. Is the camper familiar enough with his/her allergy that he/she can identify when place in a threatening situation? Elaborate if needed.
5. Please describe in detail what happens to the camper when exposed to this allergen.
6. How long does it take for a reaction to take place upon being expose to the allergen?

7. On a scale of 1-10, 10 being the worst, how severe is the camper's reaction to this allergen?
8. Has the camper ever been hospitalized due to a reaction to this allergen (circle one) yes/no
9. Has the camper ever attended camp or eaten meals outside the home?  
If yes, how were the meals handled?
10. Is there any other information you would like to share to help us meet the camper's needs?

By signing this I am certifying I understand the disclaimers in this form and verify the information provided is true and correct.

Signature:

Camper/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Food Allergy/Intolerance Chart

Camper:				Cabin:		
Allergy/Intolerance	Recommended Substitution	Mode Of Exposure	Describe Reaction	Life Threatening Yes or No	Time to Reaction	Camper Aware of Reaction

**Please note:** Special diet requests are for food allergies, religious restrictions, and other health-related needs only. Requests should not be made for food preferences, personal taste or for “picky eaters.” The camp cannot accommodate these requests and they will not be honored.

Vegetarian alternatives are available at each meal and should not be requested.

Examples of special diet requests include: list what diets you will honor gluten-free diet, peanut allergy, lactose intolerance, etc...

Examples of diets that are not a special request include: vegetarian diets, child does not like vegetables, child will not eat hot dogs or hamburgers etc...

Information:

*The Eight Major Allergens Include: Milk, Eggs, Peanuts, Tree Nuts, Wheat, Soybeans, Fish, and Shellfish. These allergens are to blame for 90% of allergic reactions to food, may be severe, and may cause food anaphylaxis in some individuals.*

*Food intolerances such as lactose intolerance and gluten intolerance/sensitivity (Celiac Disease) are not allergies but individuals may have special dietary needs associated with these conditions.*

PLEASE CONTACT OUR FOOD SERVICE MANAGER, Jim Feaster, at  
[jfeaster@camparrowhead.net](mailto:jfeaster@camparrowhead.net) or 302-945-0610 ext 6