



DIETARY NEEDS FORM

Camper's/Staff's Name: _____

Group youth is at camp with (if applicable): _____

FOOD ALLERGIES:

List the foods that cause allergic reactions:

General questions:

1. Can you/the youth sit near someone eating the food? Yes _____ No _____
2. Can you/the youth touch the allergic substance? Yes _____ No _____
3. Can you/the youth eat food products that say "may contain traces of the allergic substance" ? Yes _____ No _____
4. Must you/he/she use special foods? Yes _____ No _____
If yes please provide details _____

Specific questions related to specific foods: (only answer if the food causes you/ the youth an allergic reaction)

Eggs: Can you/he/she eat products made with small amounts of eggs as an ingredient (such as a cake or a cracker)? Yes _____ No _____

Soya: Does your/the youth's allergy to soybean, and derived products (oil and flour), include sensitivity to soy lecithin? Yes _____ No _____
How severe is the allergy to soybean? Could you/your youth eat small amounts of the product such as in salad dressing, granola bar? Yes _____ No _____

What brand of bread do you/your youth use? _____

Vegetables: Is the allergy to both cooked and raw forms? Yes _____ No _____
Raw only: Yes _____ No _____
Cooked only: Yes _____ No _____

Fruits: Is the allergy to both cooked and raw forms? Yes _____ No _____
Raw only: Yes _____ No _____
Cooked only: Yes _____ No _____

Nuts: Is the allergy to all types of nuts or just specific ones? Please list the ones that cause a reaction: _____



Camper's Name _____

SPECIAL DIETS:

Vegetarian:

Which would best describe your/your youth's diet?

- Vegan (no animal products)
- Lacto vegetarian (no animal products except for milk and milk products)
- Ovo-vegetarian (no animal products except eggs and products with eggs)
- Pesco-vegetarian (no animal products except for fish)

What commercial product is used as a milk substitute? _____

Lactose free:

What do you/does your youth usually do?

- Drink lactose free milk
- Take special pills (*Lactaid*) when eating/drinking products with milk
- Use Soya milk or goat milk
- Don't drink milk and take calcium pills
- Other:

Please explain _____

Which of the following items can be included in your/your youth's diet?

- Cheese Yogurt Soups (with cream)
- Pudding Butter Baked goods (containing milk product)

Other _____

Cultural & religious food practices:

- "No pork" diet
- Kosher food
- Halal food

Any other allergy/dietary requirements not previously mentioned (please describe in detail)

N.B. Depending on your dietary needs you may have to supply certain foods.