



Dietary, Allergy and Medical Conditions Form

CAMPER INFORMATION

Camper Name _____ Camper Age _____

Parent or Guardian Name _____ Phone Number _____

DIETARY RESTRICTIONS/SPECIAL DIET

Please describe any dietary restrictions your child has and if we need to provide special meals or any other special instructions:

ALLERGY AND MEDICAL CONDITIONS INFORMATION

Please describe any allergy or medical conditions your child has that you would like us to know about and any special instructions for us to have during camp:

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____