

# 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:

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Peanut Allergies?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please describe:

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Other Food Allergies?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please describe:

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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.*