

Office use:

Week ____

ALLERGIES FORM- Family Camp

Please complete and return form to the camp by May 15th

by postal mail: PO Box 1795, Big Bear Lake, CA 92315

or e-mail: sacredheart.retreatcamp@verizon.net

*You can also download this form from our website: www.sacredheartretreatcamp.com
on the Summer Camps—Family Retreat Camp page.*

Parent Child

Full Name _____ (if child) Age ____ Grade in the fall ____ Gender _____

Any FOOD ALLERGIES? Yes No

If yes, list any foods he/she is **allergic to**. Please be very specific.
(e.g. If lactose intolerant, can she/he eat cheese? Can she/he have milk in cooked foods? Does she/he use Lactaid pills?)

What symptoms might occur if he/she eats something to which he/she is allergic?

What medications are you providing if he/she has an allergic reaction? _____

If there are severe allergies or dietary restrictions (such as, but not limited to: celiac, severe lactose intolerance, vegetarian, vegan, organic), **we are not able to provide for him/her at our camp.**

You will need to bring foods that he/she can eat. Please provide food for 3 breakfasts, 3 lunches, & 3 dinners, labeled with his/her name. You will give these to the cook when you arrive to camp. You may also want to bring snack food for a child with food allergies.

Are there allergies other than food which we should be aware of? Yes No
(bee stings, etc)

Please describe: _____

What symptoms of a reaction might occur? _____

What needs to be done for the child if an allergic reaction occurs? _____

Are there any other special needs? (ADHD, autism, etc.) Yes No

Please describe: _____
