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

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:

________________________________________________________________________