

Camp Butano Creek

Session _____

Food Allergies / Restrictions Form

Unit _____

*This form **due by May 18th**, along with Health Form*

Name: _____ Camper _____ Staff _____

INSTRUCTIONS FOR FILLING OUT -

Food Allergies or restrictions: Please mark all that apply, circle the severity, list triggers and provide extra information below as needed. If there are no food allergies or restrictions, please mark "None" and submit to camp by due date with other camper / staff forms.

____ **NONE** (will eat any / all meals without restrictions)

TRIGGERS

(consumption, touch, airborne, all)

____ Lactose Intolerant / Dairy Allergy MILD MODERATE SEVERE _____
Are variations of milk OK (i.e. cheese, yogurt, or milk used in food) ____ yes ____ no

____ Peanut Allergy MILD MODERATE SEVERE _____

____ Tree Nut Allergy * MILD MODERATE SEVERE _____

____ Other-Nut allergy * MILD MODERATE SEVERE _____
List name of the Tree * or Other * Nut Allergy _____

____ Wheat / Gluten MILD MODERATE SEVERE _____

____ Corn Allergy MILD MODERATE SEVERE _____

____ Soy Allergy MILD MODERATE SEVERE _____

____ Egg Allergy MILD MODERATE SEVERE _____
Is it just the raw product (i.e. scrambled eggs) or do they react to the product cooked into foods (i.e. baked goods) as well?
Raw product ____ yes ____ no / Product cooked into foods ____ yes ____ no

____ Other Food Allergy ** MILD MODERATE SEVERE _____
List Other Food Allergy Items _____

Meat related diet / allergy restrictions:

____ Meat Allergy MILD MODERATE SEVERE _____

____ Shellfish Allergy MILD MODERATE SEVERE _____

____ Vegetarian

____ Vegan

____ No red meat (will eat other meats)

____ No pork (will eat other meats)

____ Other food related information we should know about:

When there is a reaction, what is the most effective way to deal with the reaction? _____

Is an Epi-pen required? ____ no ____ yes

- If yes, does camper/staff know how to use it? ____ no ____ yes
- Has the camper / staff had to use it before? ____ no ____ yes If yes, number of times and dates: _____
- In the event that an Epi-pen is used, do you want staff to administer Benadryl to help slow down the inflammation process as well? ____ no ____ yes

Has there ever been a severe enough reaction that they were taken to the hospital? ____ no ____ yes

If yes, when? _____

If there is an Allergy Action Plan (often created for school) please include a copy with camper's / staff's health form.

Please note: Our kitchen staff and nurses do our best to ensure you or your camper gets the appropriate food options. That said, please talk with your camper about their allergy and the responsibility they have to not eat something they know they should not. We have seen campers knowingly choose to eat a food that they are not supposed to. Please let them know that if they are not sure about a food, they can always ask a staff member. We are happy to help them!

Please be aware that our camp is not a closed camp. Staff members bring items and parents send items to camp. We make every effort to be aware of these items but opportunities for exposure do arise. If you have questions about whether we can accommodate your camper's allergies, please contact our camp directors.