Grantville Lodge
UC CAMPING
creating opportunities

SPECIAL DIETS / ALLERGY FORM

Group name:_____ Date of arrival: _____/_____/_____ Date of departure: _____/_____/_____

Please fill in the person's name and include all dietary and allergy information. Please indicate which (if any) of the conditions are anaphylactic. If you do not have any special diet requests, please write "NONE" across this form, make a copy and **make available to staff prior to arrival at camp**. If a child that is Anaphylactic to an ingredient cannot have products that are labelled 'May contain traces' of the allergen the student will need to supply their own food. Please provide a contact phone number for guests with special diets.

Name	Group	Allergies	Intolerance	Anaphylactic		Comments
				Trigger	ASCIA Management plan attached	