

CAMP HIAWATHA SPECIAL FOODS REQUEST

Please complete and submit to Camp Hiawatha at least 2 weeks prior to arrival.

Campers name: _____ Age: _____ Unit # _____

Name of parent/guardian: _____ Phone number: _____

Description of camper's medical, allergy, dietary or religious need that restricts his/her diet:

Foods to omit:

Foods that may be substituted:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please be very specific when listing foods to be avoided as well as with foods that are acceptable and may be substituted. This will allow us to have those foods that are acceptable available.

Other information regarding allergies, diets or other special dietary needs: [provide additional information below, on the back of this form or on an additional sheet attached to this form].

Parent/guardian signature: _____ Date: _____