Food Allergies & Special Dietary Needs

PLEASE USE SEPARATE PAGE FOR EACH PERSON

Fax completed form to 254-694-4174 TWO WEEKS PRIOR TO ARRIVAL

Name of Camp:	Dates:
Camper Name:	_Age:
Church:	
Parents Name:	Phone Number:
Is parent attending camp with child? YES NO	
If not please list name of adult sponsor:	
Please check allergies or special needs:	
Gluten FreeDairy FreeSugar Free	VegetarianVeganPescatarian
Please list below any other allergies or special ne	eds:
•	the kitchen on the West side of the Dining Hall and let the kitchen e. We will plate his/her meal at that time so as to prevent cross
Is camper aware of his/her allergies?	
Is camper able to monitor his/her own food requ	uirements?
Is child bringing some of his/her own food?	If so please list food items below:

We have an area in the middle of the Dining Hall next to the kitchen with a refrigerator where campers with special dietary needs can put their food. You must label the food with their name. There is also a microwave and toaster for their use. LSCRC has available a small variety of Gluten free, Sugar free cereals, snacks, etc. We also have Soy Milk, Almond Milk, etc.

Latham Springs strives to prevent cross contamination and will work with you and your child to make sure their dining experience is a great one. Please give our Food Service Director, **Roger Miramda**, a call to discuss any needs or questions you may have. His number is 254-694-3689 or email him at <u>roger@lathamsprings.com</u>. We look forward to serving you.