

**Please complete this form if the attendee has a food allergy or special diet need.**

**Please note: Special diet requests are for food allergies, religious restrictions, and other health-related needs. Request should not be made for food preferences, personal taste, or for “picky eaters.” The camp cannot accommodate and honor requests for food preferences or personal taste.**

Attendee Name: \_\_\_\_\_ Birthdate (month/ date/ year): \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*FOOD ALLERGIES/INTOLERANCES/SPECIAL DIET:**

**Please provide a medical statement describing the dietary restrictions due to the food allergy, diet and/or intolerance, signed by the attendee’s healthcare provider.**

Circle all that apply:

- Peanut      Wheat      Gluten      Dairy      Shellfish      Soy      Eggs      Fish  
 Tree nuts      Other: \_\_\_\_\_

Other Special Diet needs or restrictions: \_\_\_\_\_

A minimum of 10 business days prior to the camp/program, attendee or attendees’ legal guardian shall contact the church office (970-245-4210) with specified food allergies/special diet needs. CCYC will make every attempt to meet special diet and food allergy needs but cannot guarantee food service for all requests.

**Food Allergy Disclaimer**

**CCYC will make every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our food service staff on the severity of food allergies. In addition, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice.**

**FOOD ALLERGY/INTOLERANCE CHART**

Allergy/ Intolerance	Recommended Substitution	Mode of Exposure	Describe Reaction	Life Threatening? Yes or No	Time to Reaction	Attendee Aware of Reaction?

**By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.**

\_\_\_\_\_  
**Attendee Signature or Parent/Guardian (if under 18)**

\_\_\_\_\_  
**Date**