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:			
Is parent attending camp	with child? YES NO		
If not please list name of	adult sponsor:		
Please check allergies or	special needs:		
Gluten FreeDai	ry FreeSugar Free	VegetarianVeganPescatarian	
Please list below any oth	er allergies or special nee	eds:	
•		the kitchen on the West side of the Dining Hall and let the k e. We will plate his/her meal at that time so as to prevent cr	
Is camper aware of his/h	er allergies?		
Is camper able to monito	r his/her own food requi	irements?	
Is child bringing some of	his/her own food?	If so please list food items below:	
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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, **Frankie Levings**, a call to discuss any needs or questions you may have. Her number is 254-694-3689 or email her at <u>frankie@lathamsprings.com</u>. We look forward to serving you.