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:		
Is parent attending	g camp with child? YES	NO
If not please list na	ame of adult sponsor:	
Please check allerg	gies or special needs:	
Gluten Free	Dairy FreeSugar Fr	eeVegetarianVeganPescatarian
Please list below a	ny other allergies or special	needs:
·		to the kitchen on the East side of the Dining Hall and let the kitchen have. We will plate his/her meal at that time so as to prevent cross
Is camper aware o	f his/her allergies?	
Is camper able to i	monitor his/her own food re	equirements?
Is child bringing so	ome 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 where campers with special needs can bring their food. Please give your items to kitchen staff to store for you. You must label the food with their name. Kitchen staff will take care of all preparation of meals that are brought. 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 Miranda**, a call to discuss any needs or questions you may have. His number is 254-694-3689 or email him at roger@lathamsprings.com. We look forward to serving you.