

Bama Dining Special Diet Accommodation Request Form for Campers

Participant

Name: _____ Age: _____

Cell (if applicable): _____ Email (if applicable): _____

Parent/Guardian

Name: _____

Cell: _____ Work: _____

Home: _____ Email: _____

FOOD ALLERGY/INTOLERANCE/OTHER DIETARY CONCERN:

Please attach medical documentation describing the dietary restrictions due to the food allergy and/or intolerance, from the participant's physician.

*FOOD ALLERGY:

Dairy Soy Eggs Peanuts Tree nuts Fish Shellfish

Wheat (do not check this for celiac disease or gluten sensitivity, only wheat allergy)

Other, please list: _____

*FOOD INTOLERANCE:

Gluten (celiac disease or non-celiac gluten sensitivity, includes wheat, barley, oats, rye)

Lactose

Other, please list: _____

*OTHER DIETARY CONCERN (please explain):

Office Use Only:

Camp: _____

Dates: _____

Place
Participant's
Picture Here