

FOOD ALLERGY & SPECIAL DIETARY NEED

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 #: _____

Is parent attending camp with child? _____,

If not, please list name of adult sponsor _____

List allergies or explain special dietary needs:

Is camper aware of his/her allergies? _____

Is camper able to monitor his/her own food requirements? _____

Is child bringing some of his/her own food? _____ if so please list below:

A special place is designated in the kitchen for camper to keep his/her own food.

Latham Springs understands about cross contamination and will make every effort to prevent any problems. We will strive to work with child and parents to make their week a great dining experience. Please feel free to call Cecil Rogers, Food Service Director, to discuss any needs or questions you may have. He can be reached 254.694.3689 ext. 25 or cecil@lathamsprings.com