



MCC/Adventure Point Dietary Restriction Notification

This submission must be received by Adventure Point at least TWO weeks prior to the start of Day Camp Session 1 in order to make the necessary substitutions. If this card is not received within the specified time, we cannot guarantee the substitutions. We will do our best to accommodate your needs, but for certain severe allergies or a for a person with an allergy to more than TWO types of foods, we may ask you to bring your own food. Please bring your own medication (e.g., EpiPen).

Please fill out **ONE CARD PER INDIVIDUAL** with a dietary restriction. **ALL FIELDS ARE REQUIRED.**

Session Attending (check one)

June 19 ___ June 26 ___ July 5 ___ July 10 ___ July 17 ___ July 24 ___ July 31 ___ Aug 7 ___

Name of person with restriction: _____

Phone # _____

Email: _____

(of parent if youth or individual if adult)

Restriction type:
(i.e. peanut allergy, vegetarian etc.)

Please check all that apply: If an allergy is it by? Ingestion ___ Contact ___ Airborne ___
Other _____

Severity of Allergy (i.e. anaphylactic): _____

Is Allergy controlled or treated by medication? _____

If so, will individual have this medication at camp? _____ What is the medication? _____

Symptoms Experienced (i.e. vomiting): _____

Substitution Ideas: _____

Any other information you think would be useful to the food service staff at your favorite camp:

<https://adventurepoint.org/summer-day-camp/>