



Dietary Restrictions Form

This form is required for any participant with a food allergy or special diet need.

Child's Name: _____

Parent/Guardian's Name: _____

Please provide a medical statement describing the dietary restrictions due to the food allergy, diet and/or intolerance.

Check all that apply:

Wheat/Gluten Dairy Fish Shellfish Soy Eggs Peanuts Tree Nuts

Other (please list): _____

Other Special Diet needs or restrictions: _____

We will make every attempt to meet special diet and food allergy needs but cannot guarantee food service for all requests.

Please note: Special diet requests are for food allergies, religious restrictions, and other health-related needs only. Requests should not be made for food preferences, personal taste, or for "picky eaters."

1. What are the preferred food substitutions, if any, for the participant's food allergy/intolerance? (soy butter for peanut butter, gluten-free bread, soy milk, etc).

2. What types of contact will cause a reaction? Check and explain:

Airborne/Aerosol Cross Contamination Actual ingestion of food

Other (please explain): _____

3. Has the child ever been hospitalized due to a reaction to this allergen?

(check one) Yes No

4. Is the child familiar enough with his/her allergy that they can identify it when placed in a threatening situation? Elaborate if needed.

(check one) Yes No

5. Please describe in detail what happens to the student when exposed to this allergen.

6. How long does it take for a reaction to take place upon being exposed to the allergen?

7. When was the students' last reaction due to exposure to the allergen?

Disclaimer:

The Christian SEK Intensives Team makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our food production staff on the severity of food allergies. In addition, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change their formulation at any time, without notice. Children concerned with food allergies must be aware of this risk. Food Service will not assume any liability for adverse reactions to foods consumed or items one may come into contact with while attending the Christian SEK Intensive.

By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Signed: _____

Printed Name: _____

Date: _____

Relationship: _____