

DIET MODIFICATION FORM

Due May 5th (week 1), May 12th (week 2), or May 19th (week 3)
with the camper registration form

In order to accommodate a special diet, LGCC asks that you fill out this form and turn it in with your registration form. Last minute requests cannot be guaranteed.

Camper's Name _____

Please Circle: Kids' Camp Week 1

Kids' Camp Week 2

Kids' Camp Week 3

Guests with Special Diets

Please indicate specific type of diet modifications needed, foods to be omitted or substituted, medical reason for diet modification (Diets not prescribed by a physician are individual's responsibility):

Guests with Food Allergies

Please indicate type of allergy:

(LGCC cannot guarantee a 100% allergy free environment.)

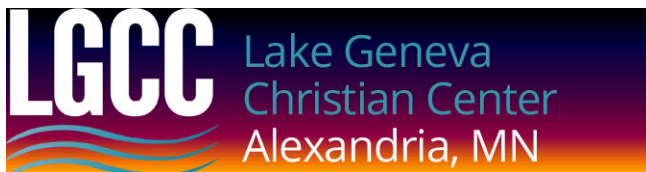
To be completed by parent/guardian for Minors

I hereby request that my child, _____, DOB _____
(Name of Child) (Date of Birth)

receive a modified diet as prescribed by his/her physician, _____
(Name of Physician)

Signature of Parent/Guardian _____ Date _____

NOTES:



For Office Use Only:

Scanned and emailed to the chef at LGCC

Make copy for nurse