



Cory Reynolds
 Food Services Manager
 cory@calvincrest.com
 559.772.4040

If you are attending a camp or event at Calvin Crest and have a food allergy, dietary need, or food restriction, please complete and return this form two weeks prior to your arrival date. Use additional pages if needed.

PLEASE NOTE: Calvin Crest is able to accommodate most food allergies, dietary needs, and food restrictions, including: peanut/nut allergies, vegetarian diets, lactose and gluten intolerances.

Cory Reynolds is available to answer any questions regarding diets and menus:
 cory@calvincrest.com; 559.772.4040

Camper/Student/Participant Name: _____ Phone Number: _____

Parent/Guardian Name (if under 18 years old): _____

School/Group/Camp Name: _____ Dates of Event: _____

Food Allergies or Medical Dietary Needs	Non-Allergy, Non-Medical Dietary Restrictions
<p>Please list any food allergies or dietary needs due to a medical condition identified by a doctor: Examples: Peanut allergy, Celiac Disease.</p>	<p>Please list any <u>non-allergy, non-medical</u> dietary restrictions: Examples: Vegetarian diet, non-Celiac gluten free.</p>
<p>Please list necessary precautions and/or substitute food options:</p>	<p>Please list food substitutes that may be considered:</p>
<p>To help us better understand your allergy, please check one:</p> <p><input type="checkbox"/> Consumption (Allergic reaction occurs when the individual eats the allergen.)</p> <p><input type="checkbox"/> Contact/Environmental (Allergic reaction occurs when the individual comes in contact with the allergen.)</p> <p><input type="checkbox"/> Not sure</p> <p>If you have been prescribed an epinephrine auto-injector, please check here: <input type="checkbox"/></p>	