

YMCA Camping

WAR028 04/2

Special Dietary / Medical Requirements Summary

GROUP NAME:		
CONTACT PERSON:		
CAMP DATES:	/ / to / /	* Schools may provide dietary and medical information in a different format generated via school database if easier!

PLEASE NOTE: If you need clarification on menu ingredients please contact YMCA Camping on (07) 3882 1436. It is recommended people with special dietary requirements bring additional snacks with them to camp as a back-up.

ATTENDEE D	ETAILS (please lis	t all atte	ndees wi												
			D	DIETARY	TYPE (please t	ick or ma	ark as ap							
FIRST NAME	SURNAME	Gluten Free	Dairy Free	Nut Free	Soy Free	Egg Free	Vegetarian	Vegan	Allergy	Diabetic	Halal	MEDICAL ISSUES & DIETARY NOTES Additional Dietary Notes (ie severity) and/or Medical Issues (ie bro limbs, allergies, ailment, asthma etc).			
Example Happy	Camper	✓		✓								Severe Nut Allergy. Celiac. Broken Arm – Dec 2020. Epi-pen required at all times.			

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ATTENDEE DI	ETAILS (please lis	t all atte	ndees wi	th special	dietary r	equirem	ents and	or recei	nt medic	al condit	tions):	
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