

Food Allergy Questionnaire

SPIRIT in the PINES Camp

This questionnaire is designed to assist the camp staff in ensuring the safety of campers who have food allergies, as well as to assist in food/kitchen management. **Please provide an EPI-PEN for your child at camp, if needed.**

List food allergy and types of food(s) to avoid; provide additional ingredient list if needed:

What are preferred food substitutions, if any, as in the case of dairy/lactose allergy?

What, if any, modifications are necessary in the camp kitchen?

What is your child's reaction if ingested, please describe as fully as possible.

How should the staff treat an episode/reaction if it occurs?

Will other types of contact cause a reaction? If so, please describe fully.

Does your child understand the allergy and what he/she should do to manage it? Does your child need assistance with food choices in the dining hall and at canteen? What if anything, should the staff do to assist?

Please describe the last time a reaction occurred, providing detail on what caused it, the reaction, the treatment, and how long ago it occurred.

In the case of a peanut allergy, can your child eat foods such as M & M's which are processed in the same facility as peanuts? Please provide any additional detail which will be helpful.

Signature of Parent/Guardian _____ Date _____