



# YMCA Camping

WAR028 02/16

## Special Dietary / Medical Requirements Summary

<b>GROUP NAME:</b>	
<b>CONTACT PERSON:</b>	
<b>CAMP DATES:</b>	/ / to / /

### SPECIAL DIETS (please identify diet type and severity for each person and record in table below):

LEGEND:				SEVERITY OF CONDITION:		
1 - Gluten Free	3 - Nut Free	5 - Vegetarian	7 - Allergy	1 - Don't like it	3 - Will have non-life threatening reaction when eaten / in contact.	5 - Chance of death if in contact.
2 - Dairy Free	4 - Soy/Egg Free	6 - Vegan	8 - Diabetic/Other	2 - Can have products that 'may contain traces'	4 - Has EpiPen	

**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 DETAILS (please list all attendees with special dietary requirements and/or recent medical conditions):

FIRST NAME	SURNAME	DIETARY TYPE	SEVERITY	NOTES If diabetic state high or low	MEDICAL ISSUES Recent issues: broken limbs, current allergies, ailments, asthma etc.

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Please return this form by fax or email at least 4 weeks prior to camp.

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