**RETURN COMPLETED TO OFFICE**

**Restricted Diet Checklist**

**For use in case of food allergy or dietary restriction due to medical reasons only.**

**Please complete and return this form.**

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| **Group:** | |
| **Student’s Name** | **Allergy/Special Diet** |
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**If no Diet Restrictions, please complete Student Name and write “NONE” in the Allergy/Special Diet area.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have medication that requires refrigeration, please bring it to the office or kitchen door and we will take care of it for you.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Before your first meal**, please see the Service Supervisor in the Dining Room regarding your diet so that the staff will be able to serve you better.

If you have any questions, you can reach us at 705-732-4373 or by fax at 705-732-6430. Our Chef is available to discuss specific details with you. The more time we have to prepare, the better we will be able to serve your health and diet needs.

**CAMPER**