



# DIETARY ALLERGY SUMMARY

Booking name: \_\_\_\_\_ Dates of camp: \_\_\_\_\_

Menu type: \_\_\_\_\_ First meal: \_\_\_\_\_

## Notes:

- Summary to be sent to TRP 2 weeks ahead of camp.
- Allergy waivers to be sent to TRP at least 5 working days prior to camp (upon arrival is too late)
- Do not include non-dietary allergies e.g. wasp stings, on this form. That info is to be submitted on separate medical list if your group is doing activities.
- Please provide contact details for parent or guardian of child with severe dietary allergies. Our catering supervisor will contact them to discuss options.
- Special dietary surcharge of \$5.00 per day per person.

GROUP					TRP	
Full name	Allergies or lifestyle preference e.g. vegetarian. Write 'N/A' in remaining group columns for lifestyle meals unless subject to allergies.	Action Plan for reaction	Waiver completed & signed	Waiver sent to TRP	Waiver received (date)	Waiver sighted by catering supervisor (signed/date)