Tim Simms
Director of Food Services
tim@calvincrest.com
559.683.4450

CalvinCrest

If you are attending a camp or event at Calvin Crest and have a food allergy, dietary need, or food restriction, please complete and return this form two weeks prior to your arrival date. Use additional pages if needed.

PLEASE NOTE: Calvin Crest is able to accommodate most food allergies, dietary needs, and food restrictions, including: peanut/nut allergies, vegetarian diets, lactose and gluten intolerances.

Tim Simms is available to answer any questions regarding diets and menus: tim@calvincrest.com; 559.474.8631.

Camper/Student/Participant Name: _____ Phone Number: _____

Parent/Guardian Name (if under 18 years old): _____

School/Group/Camp Name: _____ Dates of Event: _____

Food Allergies or Medical Dietary Needs	Non-Allergy, Non-Medical Dietary Restrictions
Please list any food allergies or dietary needs due to a medical condition identified by a doctor: Examples: Peanut allergy, Celiac Disease.	**Please list any non-allergy, non-medical dietary restrictions:** Examples: Vegetarian diet, non-Celiac gluten free.
Please list necessary precautions and/or substitute food options:	Please list food substitutes that may be considered:
To help us better understand your allergy, please check one: ☐ Consumption (Allergic reaction occurs when the individual eats the allergen.) ☐ Contact/Environmental (Allergic reaction occurs when the individual comes in contact with the allergen.) ☐ Not sure **If you have been prescribed an epinephrine auto-injector, please check here:** ☐	