



## 2010 RESTRICTED DIET AUTHORIZATION TEEN PROGRAMS

Camper's Name: \_\_\_\_\_

Please Check:  Agree  Kennedy  Western  Alaska

Please check the appropriate box if your child requires a specific diet.

\_\_\_ My child is a **vegetarian**

\_\_\_\_\_ My child will not eat red meat, but will eat fish and/or chicken.

\_\_\_\_\_ My child will not eat meat/ fish or chicken of any kind.

\_\_\_\_\_ My child will not eat meat/fish/animal byproducts of any kind (vegan).

\_\_\_ My child is **allergic to dairy products**.

Please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ My child has a **nut allergy**.

**Tamarack Camps is not a nut-free environment. Please be advised that nuts may be served, including peanut butter, which is available to campers at every meal. If your child has a severe peanut allergy, this program may not be appropriate.**

Please elaborate \_\_\_\_\_

\_\_\_\_\_

\_\_\_ My child has other dietary restrictions (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_