

# Rocky Mountain Missionary Baptist Association

## Camper Allergy Form

Camper Name   Male  Female Age  Birth Date

Church Name

Does the camper have any food allergies?  No  Yes

If yes, list any foods to which the camper is allergic. Please be very specific (e.g. if lactose intolerant, can he/she eat cheese? Will he/she have Lactaid pills to take? Can he/she have milk in cooked foods? Can he/she eat peanuts in cookies by not alone?).

What symptoms of a reaction might occur if he/she eats something to which he/she is allergic? Will any medications be provided if an allergic reaction should happen?

Does the camper have any special dietary needs?  No  Yes

If yes, please explain.

Does the camper have any other allergies?  No  Yes

If yes, please explain.

If the camper has severe allergies or needs (such as, but not limited to: celiac, vegan, vegetarian, severe lactose intolerance), he/she may need to bring foods that he/she can eat. We will do our best to find out from the camp and let you know as soon as possible if this is the case.