



**Calvin Crest**  
**Dietary Request Form**

*Please list your non-allergy, non-medical dietary restriction AND/OR your food allergy or dietary need due to medical condition. **Please return three weeks prior to your arrival date.***

Participant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Group Name: \_\_\_\_\_ Event Dates: \_\_\_\_\_

**--NON-ALLERGY, NON-MEDICAL DIETARY RESTRICTIONS--**

*Examples: Vegetarian diet, non-Celiac gluten free, or foods prohibited due to religious beliefs*

Please list any non-allergy, non-medical dietary restrictions:

Please list food substitutions that may be considered:

**--FOOD ALLERGIES/DIETARY NEEDS DUE TO MEDICAL CONDITION--**

*Examples: Peanut/nut allergy, Celiac Disease*

Please list any food allergies or dietary needs due to a medical condition identified by a doctor:

Please list necessary precautions and/or substitute food options:

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.

Have you been prescribed an epinephrine auto-injector? Yes / No