



## WALDEN WEST RESTRICTED DIETARY NEEDS FORM

Week Attending: \_\_\_\_\_

### PARTICIPANT INFORMATION

Participant's Legal Name:		Other Name(s) Used:	
School Name:		Teacher Name:	
Birthdate:	Age:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F

### RESTRICTED DIET

Vegetarian     
  Vegan     
  Other \_\_\_\_\_

**ALLERGIES/REACTIONS (if medical attention needed or life-threatening, please be sure to also complete [Anaphylaxis Emergency Action Plan](#))**

Please **MARK** below the allergy and note the reaction

<b>PEANUT</b>	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING
<b>TREE NUT</b>	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING
<b>DAIRY</b>	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING
<b>SOY</b>	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING
<b>EGGS</b>	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING
<b>FISH</b>	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING
<b>SHELLFISH</b>	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING
<b>WHEAT</b>	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING
	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING
	DISCOMFORT	MEDICAL ATTENTION NEEDED	LIFE-THREATENING

If reaction is triggered by means other than ingestion, please specify: \_\_\_\_\_

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Vegetarian options are always provided. Other dietary restrictions may be accommodated if requested in advance with this form. Please let us know of any other food related concerns not covered on this here. We are happy to help and want to ensure the safety and comfort of all participants throughout the week. In extreme cases, microwavable meal substitutions may be brought to camp.

Contact the Walden West Health Technician at (408) 573-3063 Saratoga (408) 867-1120 Cupertino OR email [waldenwest\\_healthaide@scoecoe.org](mailto:waldenwest_healthaide@scoecoe.org).