

# CAMP SOULAJULE

## DIETARY QUESTIONNAIRE

(Must be returned with the Camper Health Form)

Camper \_\_\_\_\_ Camp Session \_\_\_\_\_

Does your child have food allergies?  Yes  No

Is your child allergic to dairy products?  Yes  No

Please list additional food allergies: \_\_\_\_\_

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Is your child a vegetarian?  Yes  No

**If Yes**, will your child eat:  Fish  Chicken  Neither

Additional comments about dietary concerns for your child: \_\_\_\_\_

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There may be a need to contact you about your child's dietary needs. Please list your name and day-time phone number.

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Thank you.

Fradel Been, Food Services Manager.

CS109:10/04