



YMCA CAMP KERN

FOOD ALLERGY AND DIETARY RESTRICTIONS FORM

Please complete and return this form if your camper has any dietary restrictions.

Camper Name: _____

Program Name: _____

Session / Date (please check box):

S1 June 18th - 24th

S5 July 16th - July 22nd

S2 June 25th - July 1st

S6 July 23rd - July 29th

S3 July 2nd - July 8th

S7 July 30th - Aug. 5th

S4 July 9th - July 15th

S8 Aug. 6th - Aug. 12th

Please note, YMCA Camp Kern's Food Preparation Areas are peanut and tree-nut free.

Food Allergies (check all that apply):

Dietary Restrictions (check all that apply):

Wheat

Egg

Vegetarian

Dairy

Vegan

Gluten

Kosher

Soy

Other: _____

Other: _____

Other Dietary Notes: _____

Please return this form at least one month prior to your campers first day of camp, together with your campers' health form / waiver. If you have specific concerns not covered above, please contact our Kitchen Director at 513-932-3756 x 1516.

Office use only

Cabin Number:

Dining Space: