



# TAWINGO OUTDOOR CENTRE

## DIETARY RESTRICTION - INDIVIDUAL

**Dietary Restrictions:** Please complete this form for each student/staff/camper who has a food allergy, restriction or special need in as much detail as possible. This information will help our kitchen staff to provide safe food service to all of our guests.

GROUP NAME:

DATE(S) OF  
VISIT:

NAME:

Please  
Select One

Student  
Staff

Parent/  
Guardian:

Phone:

Please submit any Food Allergies/Dietary Restrictions AS QUICKLY AS POSSIBLE.

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Vegetarian/  
Vegan

N/A  
no red meat  
no pork  
no poultry  
no fish  
no eggs  
no dairy

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Lactose  
Intolerant

takes enzyme pill (ex. Lactaid) in order to digest dairy  
requires Rice Milk  
requires lactose-free diet

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Gluten-free

Celiac  
Intolerance  
will bring some food items from home (nut-free)

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Food Allergy:

Detail:                   Anaphylactic  
                              carries Epipen  
                              reaction caused by ingestion  
                              reaction caused by contact

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Other:

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**This form must be received by Camp Tawingo at least TWO WEEKS PRIOR to your trip.**  
**[outdoors@tawingo.net](mailto:outdoors@tawingo.net)**  
**Fax: 705-789-6624**  
**Phone: 705-789-5612**