



TAWINGO TWO WEEK TO TRIP "TO DO" LIST

GROUP NAME: _____

DATE OF VISIT: _____

This information is **CRITICAL** to our provision of **HEALTH, WELFARE, SAFETY AND SERVICE** to your group. We need your help **BEFORE** you arrive at Tawingo. Please print or reply to this list of needs **AS QUICKLY AS POSSIBLE**.

FINAL NUMBERS CHECK

Name of Group Co-ordinator: _____ **E-Mail:** _____

Latest Camper Numbers: _____

Staff Numbers: _____

Boys: _____ Girls: _____

Men: _____ Women: _____

TAWINGO FOOD SERVICE INFORMATION

Begins... The first meal served by Tawingo on the first day is:

Breakfast 8:30AM* Lunch 12:30 PM Supper 5:30 PM Evening Snack

Ends... The last meal served by Tawingo on the final day is:

Breakfast 8:30AM* Lunch 12:30 PM Supper 5:30 PM Evening Snack

Alternative meal times may be arranged. *In spring, breakfast is served at 8:00 AM.

BIRTHDAYS AT TAWINGO (we provide a cake at the supper meal and lead a Birthday song)

List each Camper by Name/Day:

Camper Name	Day/Date

Camper Name	Day/Date

FOOD ALLERGIES/MEDICAL RESTRICTIONS/DIETARY CONCERNS

Please use separate **Dietary Restrictions Sheet** – Please complete this sheet for each student/staff/camper who has a food allergy, restriction, or special need, in as much detail as possible. The information on this sheet will help our kitchen staff to provide safe food service to all of our guests. You may summarize this information before returning it on the Dietary Restrictions Summary provided.

Advise Camp directly of any other medical conditions or special needs that may require unusual or special arrangements at Camp.

SPECIAL MEALS

Do you plan any special meals (outside the Dining Hall (including day hikes, cookouts, overnights, bag lunches, early departure, etc.)). *Identify the Day(s)/Meal(s) and What Portion of the Group is involved.*

Type of meal	Day/Date	Whole/Part Group(s)	Dietary Needs related to each part

Final Checklist

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Have I arranged for and secured appropriate Medical/Permission Information?
<input type="checkbox"/> Have I advised Camp of any special needs/medical conditions affecting the visit?
<input type="checkbox"/> Have I assigned campers to cabin groups and activity groups?
<input type="checkbox"/> Have I discussed Policies, Procedures & Staff Assignments with other Staff? | <input type="checkbox"/> Have I read and understand the Tawingo Information and Planning Booklet?
<input type="checkbox"/> Have I arranged for the necessary swim qualifications for any on-water activity?
<input type="checkbox"/> Have I discussed this year's program plan with Tawingo Staff? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PLEASE REPLY E-MEDIATELY (IMMEDIATELY)

This sheet must be received at Camp Tawingo at least two weeks prior to your trip experience.

Fax: 705 789 6624 E-Mail: outdoors@tawingo.net

DIETARY RESTRICTION SUMMARY SHEET

(FOR UP TO SIX STUDENTS)

Visiting Group Name:

Dates at Camp Tawingo:

Student/Staff Name with Food Concern: :			Contact Information	
Vegetarian/Vegan <input type="checkbox"/> no red meat <input type="checkbox"/> no pork <input type="checkbox"/> no poultry <input type="checkbox"/> no fish <input type="checkbox"/> no eggs <input type="checkbox"/> no dairy	Lactose Intolerant <input type="checkbox"/> Uses enzyme digestion aid <input type="checkbox"/> Requires dairy alternate <input type="checkbox"/> Full lactose-free diet	Gluten-Free <input type="checkbox"/> Celiac Diet <input type="checkbox"/> Gluten Intolerance <input type="checkbox"/> Will provide food from home	Food Allergy: <hr style="width: 100%;"/> <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Carries Epipen <input type="checkbox"/> Ingestion-based Reaction <input type="checkbox"/> Contact-based Reaction	Food Allergy: <hr style="width: 100%;"/> <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Carries Epipen <input type="checkbox"/> Ingestion-based Reaction <input type="checkbox"/> Contact-based Reaction
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Camp Tawingo Outdoor Centre

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

Group name: _____

Date(s) of visit: _____

Name: _____ Student/Staff (please circle one)

Parent/Guardian: _____ Phone: _____

- Vegetarian/Vegan - _____ no red meat
 _____ no pork
 _____ no chicken/turkey
 _____ no fish
 _____ no eggs
 _____ no dairy

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

- Gluten-free diet _____ Celiac
 _____ Intolerance
 _____ will bring some safe food items from home (nut-free)

- Food allergy - _____ Anaphylactic _____ Carries EpiPen
 Food: _____ reaction caused by ingestion
 _____ reaction caused by contact

- Food allergy - _____ Anaphylactic _____ Carries EpiPen
 Food: _____ reaction caused by ingestion
 _____ reaction caused by contact

- Food allergy - _____ Anaphylactic _____ Carries EpiPen
 Food: _____ reaction caused by ingestion
 _____ reaction caused by contact

- Food allergy - _____ Anaphylactic _____ Carries EpiPen
 Food: _____ reaction caused by ingestion
 _____ reaction caused by contact

- Other (please describe): _____

