

Dietary and Health Info

After receiving the Permission and Liability Waiver forms from all students and parents, please take a moment to review the forms and complete the following sections. This allows Long Lake to best serve your school.

DIETARY INFORMATION

DIETARY INFORMATION		
GLUTEN FREE	VEGETARIAN	VEGAN
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
DAIRY FREE	LACTOSE INTOLERANT	OTHER FOOD ALLERGIES
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SEVERE OR LIFE-THREATENING DIETARY ALLERGIES

List any students or staff who have severe, or potentially life-threatening food allergies. Please include the allergy.

1.	3.
2.	4.

ENVIRONMENTAL ALLERGIES

Environmental Allergies include bee stings, pollen, etc.	NAME	ALLERGEN	TREATMENT (EPIPEN, INHALER, ETC.)
	1.		
	2.		
	3.		
	4.		

OTHER HEALTH CONCERNS, INFO OR ACCOMMODATIONS

For allergens and needs not listed, please provide details for each participant.	NAME	SPECIFIC ALLERGIES OF ACCOMMODATIONS
	1.	
	2.	
	3.	
	4.	

BIRTHDAYS

Special desserts for all those with birthdays	NAMES AND BIRTH DATES:

WRITE ADDITIONAL INFORMATION ON THE BACK, IF NECESSARY