



Sabine Creek ALLERGY & SPECIAL DIETARY NEED

Fax Completed Form to 1-888-382-9877 no later than 7 days prior to camp start
Please Use Separate Page for Each Person- RETURN ONLY IF THERE ARE SPECIAL NEEDS!

Church Name _____ Dates of Camp _____

Camper Name: _____ Age: _____ Gender: M or F

Parent Name: _____ Camper Grade: _____

Parent Phone: _____ Parent E-mail: _____

Is parent attending camp with camper? YES or NO

If parent is not attending, name of person responsible for child's dietary needs during camp

_____ (Camper must be accompanied to enter kitchen)

List Allergies or explain special dietary needs:

Reaction caused/medications required upon allergic reaction:

Is camper aware of his/her allergies? YES or NO

Is camper able to monitor his/her own food requirements? YES or NO

Is camper bringing some of his/her own food? YES or NO If YES, please list below:

*A special place is designated in the kitchen for camper to keep his/her own food. Food should be packaged in a sealable container – Ziploc or plastic – and should be labeled on the outside. Camper may have snacks in cabin if approved by the church leader.

Sabine Creek Ranch understands cross contamination and will make every effort to prevent any problems. We will strive to work with campers and parents to make their time at camp at a great dining experience.

Camper Medications

Step 1: List all routine medications that need to be administered while at camp.

Step 2: Fill out all blanks and place this label on the outside of a large Ziploc bag.

Step 3: Place enough of listed medications in the Ziploc bag and give to church leader.

ALL MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH YOUR CHILD'S NAME OR IN THE ORIGINAL OVER-THE-COUNTER PACKAGING.

(Exceptions: Asthma inhalers (prescribed by doctor) & antidote for allergic reactions (epi-pen))

The information listed on this form is correct and complete. I hereby give permission for the camp nurse to administer the medication as directed.

Parent Signature (Required)

Parent contact # _____

Doctor name and # _____

Camper's Name: _____ M F

Age: _____ Church: _____

Guardian's Name: _____

Allergies: _____

Drug Name	Dose	Dosage Instructions to be given at:	Camp Dosing Log (to be filled out by Camp Health Officer during week of camp)				
			MON	TUES	WED	THURS	FRI
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> At Camper's Request					
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Notes:

SABINE CREEK RANCH

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