COMPLETE THIS FORM IF YOU HAVE SPECIAL DIETARY REQUIREMENTS AND EMAIL BACK TO LIZ BOURNE

YMCA Camping

Special Dietary / Medical Requirements Summary

GROUP NAME:	ORIENTEERING QUEENSLAND
CONTACT PERSON:	LIZ BOURNE batmaps.liz@gmail.com
CAMP DATES:	09 /11 / 2018 to 10 / 11 / 2018

SPECIAL DIETS (please identify diet type and severity for each person and record in table below):

LEGEND:

1 - Gluten Free
2 - Dairy Free
3 - Vegetarian
4 - Soy/Egg Free
5 – Vegan
6 – Allergy
7 – Nut Free
8 - Diabetic/Other

SEVERITY OF CONDITION:

1 - Don't like it
2 - Can have products that 'may contain traces'
3 - Will have non-life threatening reaction when eaten / in contact.
4 - Has Epipen
5 - Chance of death if in contact.

PLEASE NOTE: If you need clarification on menu ingredients please contact YMCA Camping on (07) 4661 9575. It is recommended people with special dietary requirements bring additional snacks with them to camp as a back-up.

ATTENDEE DETAILS (please list all attendees with special dietary requirements and/or recent medical conditions):

FIRST NAME	SURNAME	DIETARY TYPE	SEVERITY	NOTES eg: If diabetic state high or low	MEDICAL ISSUES Recent issues: broken limbs, current allergies, ailments, asthma etc.

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