Food Allergies Form Office of Conferences & Special Events University Housing & Dining 300 Clark Hall/1203 South Fourth Champaign, IL 61820, (217) 333-1766 conference@illinois.edu

PLEASE PRINT/TYPE	Camp/Conference Attending:					
	Dates attending:		to			
PARTICIPANT INFOR	MATION:					
You do not need to d	complete this form if	the camper	does not hav	e a food a	allergy or	special
dietary need!						
Participant Name:						
Participant Age:	Sex: <u>M or F</u>			Birth Date:		
Contact information:						
Participant:						
Phone: (cell/home) email:						
Parent or Guardian:						
Name:	Relationship to Participant					
Phone (cell)		Work:		Но	ome:	
email:						
*FOOD ALLERGY (S)/	INTOLERANCES:					
Please provide medi	cal documentation d	escribing the	e dietary rest	rictions d	ue to the	food
allergy and/or intole	rance, from the Part	icipant's Phy	ysician.			
		-				
Check <u>all</u> that apply:						
PeanutW	/heatGluten	Dairy	Shellfish	Soy	Eggs	Fish
	Other (please list):					
Other Special Diet ne	eds or restrictions (i.e	e., Diabetes,	IBS, other):_			
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A minimum of two (2) weeks prior to the camp/conference, Camp/Conference Participants or the Participant's Legal Guardian is required to contact the Administrative Dietitian at nutrition@housing.illinois.edu. Dining Services will provide the participant menus in advance to assist in planning meals. Dining Services will make every attempt to meet special diet and food allergy needs but cannot guarantee food service for all food allergies.

University Housing and Dining Services does not provide assistance or administer injections due to allergic reactions.

http://www.housing.illinois.edu/Dining

Food Allergy Disclaimer

University of Illinois Dining Services makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our food production staff on the severity of food allergies. In addition, we label items with possible allergen-containing ingredients; however, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice. Customers concerned with food allergies need to be aware of this risk. Dining Services will not assume any liability for adverse reactions to foods consumed, or items one may come in contact with while eating at any University establishments. Students with food allergies are encouraged to contact Dining Services at 217-244-5800 and/or the Dietitian at nutrition@housing.illinois.edu or 217-244-1486 for additional information and/or support.

Food Allergy Questionnaire

ease	e answer the following questions to better help us with you needs:				
1.	What food(s) is the Participant intolerant or allergic to? Please list food that are to be avoided (dairy, gluten nuts, soy, eggs etc):				
2.	What are the preferred food substitutions, if any? (soy butter for peanut butter, gluten-free breads, soy milk etc):				
3.	What types of contact will cause a reaction? circle and explain: Airborne Aerosol Cross Contamination Actual ingestion of food Other Please explain:				
4.	Does the Participant understand the food allergy and what needs to be done to manage it?				
5.	Has the Participant ever attended camp or eaten meals outside the home?				
	If yes, how were the meals handled?				
6.	Is there any other information you would like to share to help us meet the Participant's needs?				
	By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.				
	Signature: Participant/Parent/Guardian Date: Date:				
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