

Special Dietary Information

All forms can be turned in starting 30 days before but no later than 14 days before arrival.

Fax: 831-335-7726 Attn: Beeca/Food Service

Email: becca.berroteran@missionsprings.com

Camp Dates: _____

Guest/Camper Information

Student Full Name: _____ Age: _____

Parent Name: _____

Parent Email: _____ (required)

Parent Phone Number: _____

Is this a Doctor prescribed diet? Yes _____ No _____

If Yes this form must be accompanied by doctor's note

Is this a religious diet? Yes _____ No _____

Please note if the student's special diet requests are not doctor prescribed or a religious diet we may not be able to accommodate.

Does the student manage their own diet? Yes _____ No _____

Special Dietary Information

Please list specific food allergies or needs (please attach a separate sheet if necessary):

We will make an effort to accommodate your special needs. Please realize that we do not have the staff to make special meals for everyone. In most cases we will try to use our existing menu and adjust it to the special diet need.

It is important that individuals who have made special dietary requests identify themselves to one of our dining room servers so they can quickly respond with appropriate meal accommodations.

For Mission Springs Staff:

Date Document Received: _____

Date Replied: _____

Please Check

___ Spoke on the Phone/voicemail

___ Spoke in Person ___ Emailed

Initial and Date:
