

Food Allergies/Special Diets Form  
**Cross Roads Camp and Retreat Center**  
**29 Pleasant Grove Rd, Port Murray, NJ 07865**

PLEASE PRINT/TYPE Camp/Conference Attending: \_\_\_\_\_

Dates attending: \_\_\_\_\_ to \_\_\_\_\_

**CAMPER INFORMATION:**

**Please complete this form if the camper has a food allergy or special diet need!**

Camper Name: \_\_\_\_\_

Camper Age: \_\_\_\_\_ Sex:   M or F   Birth Date: \_\_\_\_\_

Parent or Guardian:

Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_ email: \_\_\_\_\_

\*FOOD ALLERGY(S)/INTOLERANCES/Special Diet:

**Please provide a medical statement describing the dietary restrictions due to the food allergy, diet and/or intolerance, from the Camper's Physician.**

Circle **all** that apply:

Peanut Wheat Gluten Dairy Shellfish Soy Eggs Fish Tree nuts Other (please list): \_\_\_\_\_

Other Special Diet needs or restrictions: \_\_\_\_\_

A minimum of two (2) weeks prior to the camp/conference, participants or participant's legal guardian is requested to contact the Foodservice Director at [Esteban@CrossRoadsRetreat.com](mailto:Esteban@CrossRoadsRetreat.com) or (908)832-7264. We will make every attempt to meet special diet and food allergy needs but cannot guarantee food service for all requests.

**Food Allergy Disclaimer**

Cross Roads 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 service staff on the severity of food allergies. In addition, 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. Campers 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 camp dining venue. Campers with food allergies are encouraged to contact Dining Services at (908)832-7264 for additional information and/or support.

*Optional  
Picture  
of  
Participant*

# Food Allergy/Intolerance Chart

CAMPER:				CABIN:		
Allergy/Intolerance	Recommended Substitution	Mode of Exposure	Describe Reaction	Life Threatening Yes or No	Time to Reaction	Camper Aware of Reaction

**Please note:** Special diet requests are for food allergies, religious restrictions, and other health-related needs. Requests should not be made for food preferences, personal taste, or for “picky eaters.” The camp cannot accommodate and honor every request. Vegetarian alternatives are available at each meal and should not be requested here.

**Information:**

*The Eight Major Allergens Include: Milk, Eggs, Peanuts, Tree Nuts, Wheat, Soybeans, Fish, and Shellfish. These allergens are to blame for 90% of allergic reactions to food, may be severe, and may cause food anaphylaxis in some individuals.*

*Food intolerances such as lactose intolerance and gluten intolerance/sensitivity (Celiac Disease) are not allergies but individuals may have special dietary needs associated with these conditions.*

Is there any other information you would like to share to help us meet the camper’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:

Camper/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_