



THIS PAGE SHOULD BE RETURNED TO RIVERBEND YOUTH CENTRE
2 WEEKS BEFORE YOUR CAMP

SPECIAL DIETS CHART

Name of Group: _____
 Contact Person: _____
 Arrival Date: _____ Departure Date: _____

Please indicate special diet requirements including vegetarian, diabetic, allergic reactions, celiac, gluten free and where possible indicate any alternative foods (eg. for vegetarians, state if any meat or dairy can be eaten). Please indicate individual phone numbers in case the kitchen needs to directly contact the person before camp.

Please note that all reasonable care will be taken to provide suitable options based on the information provided, however we advise that Riverbend Youth Centre does not have specialist dietician expertise and cannot be held responsible for dietary problems beyond the information given.

NAME	DIETARY REQUIREMENTS REQUESTED	Is condition: Mild/Serious/Fatal?	Contact Number prior to camp