

INDIVIDUAL CATERING REQUIREMENTS



This form is to be completed by parents / caregivers of camp attendees, OR adult individuals attending camp
Please complete this form and forward to your camp organiser no less than 30 days prior to camp.

Group Name _____ Dates of camp _____

Full Name of Youth/Adult _____

The person attending has **no known food allergies or special dietary requirements.**

OR Circle your dietary issue(s) and provide as much information as possible. Attach health/action plan if applicable

*** ANAPHYLACTIC DAIRY OR WHEAT ALLERGIES CANNOT BE CATERED FOR.** If this affects your child, please provide their food for camp, clearly labelled. If you would like to discuss this further, please email info@roonka.org.au with your child's name, the group name, your contact number and all relevant details, so that our caterer can get in touch to discuss supporting your child's camp attendance. *

A \$12 surcharge (\$6 per night) will apply for special catering needs. Non-attendees catered for will be charged at the quoted rate.

Coeliac / Gluten intolerant (Please note that we use separate toasters, utensils, etc., however we cannot guarantee that there won't be cross contamination, as foods containing gluten will be prepared in the same kitchen)

Please tick if you accept these conditions. Otherwise, please email us at info@roonka.org.au to discuss further

Notes: _____

Lactose intolerant / Dairy Free: Please tick all that apply:

Intolerant to drinking milk (Zymill will be provided) **OR** Intolerant to all foods with lactose

Dairy free. Please specify whether this is all dairy, or only some products:

Notes: _____

Nut anaphylactic: We are a nut-free kitchen. Can the person have products that say 'may contain nuts', or products made on machinery that processes nuts? **Yes / No**

Notes: _____

Egg anaphylactic: Can the person have products that say 'eggs may be present'? **Yes / No**

Notes: _____

Other food allergies _____

Other special dietary requirements _____

I have provided full and accurate details of any dietary food requirements for my child / myself

Date _____ Full Name _____

Mobile no. _____ Signature _____