

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

PLEASE PRINT/TYPE Camp/Conference Attending: _____
Dates attending: _____ to _____

PARTICIPANT INFORMATION:

You do not need to complete this form if the camper does not have a food allergy or special dietary need!

Participant Name: _____
Participant Age: _____ Sex: M or F Birth Date: _____
Contact information:
Participant:
Phone: (cell/home) _____ email: _____
Parent or Guardian:
Name: _____ Relationship to Participant _____
Phone (cell) _____ Work: _____ Home: _____
email: _____

***FOOD ALLERGY (S)/INTOLERANCES:**

Please provide medical documentation describing the dietary restrictions due to the food allergy and/or intolerance, from the Participant's Physician.

Check **all** that apply:

____ Peanut ____ Wheat ____ Gluten ____ Dairy ____ Shellfish ____ Soy ____ Eggs
____ Tree nuts ____ Other (please list): _____

Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other): _____

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, Robin Allen, MSPH, RD, LDN at 217-244-1486, roballen@illinois.edu. Dining Services will provide the participant menus in advance to assist in planning meals. Dining Services will make every attempt 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/Current/Dining.aspx>

Food Allergy Disclaimer

The 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 217-244-5800 and or the Dietitian at 217-244-1486 for additional information and/or support.

Food Allergy Questionnaire

Please 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:

Parent/Guardian _____ Date: _____