



# All Saints Camp of the UOC of USA

110 All Saints Rd.  
Emlenton, PA  
16373

## Camper Dietary Restrictions Form

**Instructions:** Please complete a separate **Camper Dietary Restrictions Form** for each camper with Food Allergy or Dietary Concerns. Return Completed form to ASC Food Service Manager/ASC Camp Manager a ***minimum*** of two week prior to beginning of encampment to ensure appropriate meal provisions will be available.

*Thank you!*

**Encampment Name:**

**Camper Name:**

Attach picture  
of camper

**Please list the food allergy or dietary restriction for the camper:**

**Please list suggested/possible foods you use concerning the above restrictions:**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Encampment Nurse/Contact: \_\_\_\_\_

**Send completed form to:** ASC Food Service: [chrismills@allsaintscamp.org](mailto:chrismills@allsaintscamp.org) **AND** ASC Manager: [manager.allsaintscamp@gmail.com](mailto:manager.allsaintscamp@gmail.com)