



Koinonia Special Dietary Needs Form

Name _____

Group Name _____

Dietary Requirements: If you have a food allergy please complete below details. (15% Surcharge Applies)

Please tick the box(s) that apply.

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|---|--|--|
| <input type="checkbox"/> Peanut Allergy | <input type="checkbox"/> Tree Nut Allergy | <input type="checkbox"/> Egg Allergy |
| <input type="checkbox"/> Milk/Dairy Allergy | <input type="checkbox"/> Vegan | <input type="checkbox"/> Soy Allergy |
| <input type="checkbox"/> Seafood Allergy | <input type="checkbox"/> Sesame Allergy | <input type="checkbox"/> Coeliac Disease |
| <input type="checkbox"/> Fish/Shellfish Allergy | <input type="checkbox"/> Sesame Allergy | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Gluten/Wheat Intolerance | <input type="checkbox"/> Other (Please Specify): | |

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1. Are you able to have small amounts of the allergens you have listed above?

YES NO

2. Are you able to have foods which carry the warning "may contain traces of..."?

YES NO

3. Will you be providing your own food? YES NO (Please specify)

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4. Please provide any other information in relation to your food allergy.

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I understand that the Koinonia makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. I understand that while Koinonia is able to take every reasonable effort to avoid the allergens listed, even when they have been disclosed. In prepared food, it is impossible for Koinonia to provide any guarantee that the participant will not come into contact with the listed allergen or residues during the stay.

The participant understands that it is a requirement that anyone with a known food anaphylaxis carry an EpiPen with them at all times whilst at Camp Koinonia. I understand that the Group Leader/Teacher of the visiting group is responsible for ensuring that a person trained in issuing EpiPen or other auto injector of adrenaline is in attendance with the visitor with food allergies to administer the medication as required.

Signed..... Date.....

Print Name.....