



# UPWARD BOUND CAMP

## Special Dietary Request Form

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OFFICE USE ONLY

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

*Providing Recreational and Educational Camp for People with Special Needs since 1978.*

*At Upward Bound we try to make everyone's experience as amazing as possible but sometimes meeting food needs can be difficult without additional information. This form is an optional form for those with more specific needs so the kitchen staff can be informed and plan for those occasions as necessary.*

### CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender (check one):                      Male                      Female                      Other                      Birthdate: \_\_\_\_\_ MM/DD/YY

Name of person completing this form: \_\_\_\_\_ Length of time known camper: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### DIETARY INFORMATION - LIKES

What foods does the camper usually eat for breakfast? (Please list examples like cold cereal - type, scrambled eggs, hot cereals - type, etc.)

What foods does the camper usually eat for lunch?

(Please list examples like sandwiches - type, raw veggies & fruit -type, cooked veggies - type, etc.)

What foods does the camper usually eat for dinner? (Please list examples)

### DIETARY INFORMATION - DISLIKES/RESTRICTIONS

What foods will the camper absolutely not eat?

What foods does the camper dislike but will eat? (if known)

What foods cause dietary issues that are not allergy related? (i.e. gluten, dairy, starches, nightshades, beans, lettuce, etc.)

Additional Comments/Questions/Concerns: