



Allergen Request Form

At Covenant Hills Camp, we strive to accommodate our guests' dietary needs, including allergen requests. Please fill out this form to inform us of any specific allergens you would like us to be aware of. We will do our best to meet your needs.

Full Name: _____

Contact Number: _____

Dates of Visit: _____

Group Name: _____

Allergen(s) to Accommodate: _____

Dietary Accommodations: _____

<input type="checkbox"/> Nuts	<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Dairy	<input type="checkbox"/> Vegan
<input type="checkbox"/> Gluten	<input type="checkbox"/> Pork Free
<input type="checkbox"/> Soy	<input type="checkbox"/> Others (please specify): _____
<input type="checkbox"/> Eggs	
<input type="checkbox"/> Seafood	
<input type="checkbox"/> Others (please specify): _____	

Additional Information (Optional): _____

Acknowledgment of Allergen Policy and Medication Responsibility:

Please be aware that while we will make every effort to accommodate your allergen requests, we cannot guarantee that all items are completely allergen-free due to the risk of cross-contamination. Your safety and health are our top priorities. We require that you inform us of any serious food allergies and the necessity for an epinephrine pen or other medication during your visit. Please note, while we seek to provide a safe environment, we are not responsible for administering any medications. It is crucial that individuals equipped with such medications manage their own needs. Your cooperation in providing this vital information is greatly appreciated and essential for ensuring your safety. Your signature below indicates your understanding and agreement with the terms outlined in this acknowledgment.

Guest Signature: _____

Parent Signature: _____ (If Guest is under the age of 18)

Date: _____