Marin Sierra 2018

❑ Youth ❑ Adult

Staff Special Dietary Needs Form

Name _____ Staff Position _____

Emergency Contact Name _____

Primary Phone _____ ❑ Home ❑ Work ❑ Cell Alt. Phone _____ ❑ Home ❑ Work ❑ Cell

Email (print clearly) _____

Use this form to notify the camp of any special *dietary* needs, restrictions, or allergies. Camp Marin Sierra will make every reasonable effort to accommodate special needs. Be specific in explaining needs, requirements, or allergies. Attach additional sheets if necessary. This form is *not* for dietary preferences (viz., does not like peas or carrots).

Procedure:

1. Submit this form with your staff paperwork. Do not submit it if you have no special dietary needs or restrictions.
2. Bring this to camp with you to insure we have a record. Give it to the medical officer when you have your medical check-in.
3. *Very important:* You must still speak with the head cook or his/her designee at each meal to make sure you get what you need. Do not speak with those on the serving line. Because you file this form does not guarantee you will receive the correct diet unless the cook meets with you face to face. Please understand that we may have between 300–375 or more people in camp, so you will still need to speak with the cook.
4. In the event you believe you have received the incorrect type of food, see the cook immediately. If you eat something to which you are allergic, see the medical officer or have someone radio the medical officer immediately.
5. It is the responsibility of those with severe allergies to make sure they *always* carry the proper emergency medication (e.g., epi pen) with them in case of emergency.

Special Dietary Needs—what you can and cannot eat or type of diet needed *(be specific):* _____

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