

Dietary Restriction Form

STUDENT INFORMATION:

This form is required for any participant with a food allergy or special diet need.

Student Name:

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Gender: M or F

Birth Date:/...../.....

Student Phone (cell):

Email:

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IF MINOR, PARENT OR GUARDIAN:

Name:

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Relationship to Student:

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Phone (cell): Work: Home:

Email:

FOOD ALLERGY(IES)/INTOLERANCES/SPECIAL DIET

Please provide a medical statement describing the dietary restrictions due to the food allergy, diet and/or intolerance, from the Participant's Physician.

Check all that apply:

Wheat/Gluten Dairy Fish Shellfish Soy Eggs Peanuts Tree Nuts

Other (please list):

Other Special Diet needs or restrictions:

A minimum of four (4) weeks prior to the school trip, the school is requested to inform The Dragon Trip of any dietary restrictions the students have. We will make every attempt to meet special diet and food allergy needs but cannot guarantee food service for all requests. Please note: Special diet requests are for food allergies, religious restrictions, and other health-related needs only. Requests should not be made for food preferences, personal taste, or for "picky eaters." Vegetarian alternatives are available at each meal and should not be requested here.

INFORMATION

The Eight Major Allergens Include: Milk, Eggs, Peanuts, Tree Nuts, Wheat, Soybeans, Fish, and Shellfish. These allergens are to blame for 90% of allergic reactions to food, may be severe, and may cause food anaphylaxis in some individuals. Food intolerances such as lactose intolerance and gluten intolerance/sensitivity (Celiac Disease) are not allergies but individuals may have special dietary needs associated with these conditions.

FOOD ALLERGY QUESTIONNAIRE

Please answer the following questions to better help us with the participant's needs:

1. What are the preferred food substitutions, if any, for the participant's food allergy/intolerance? (soy butter for peanut butter, gluten-free breads, soy milk etc).

2. What types of contact will cause a reaction? Check and explain:

- Airborne/Aerosol Cross Contamination Actual ingestion of food Other (please explain):

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3. Has the student ever been hospitalized due to a reaction to this allergen?

(check one) Yes No

4. Is the student familiar enough with his/her allergy that they can identify when placed in a threatening situation? Elaborate if needed.

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5. Please describe in detail what happens to the student when exposed to this allergen.

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6. How long does it take for a reaction to take place upon being exposed to the allergen?

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7. When was the students' last reaction due to exposure to the allergen?

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8. On a scale of 1-10, 10 being the worst, how severe is the student's reaction to this allergen?

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9. If yes, how were the meals handled?

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10. Is there any other information you would like to share to help us meet the student's needs?

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FOOD ALLERGY DISCLAIMER

The Dragon Trip Learning Adventures Team makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our food production staff on the severity of food allergies. In addition, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change their formulation at any time, without notice. Students' concerned with food allergies must be aware of this risk. Food Service will not assume any liability for adverse reactions to foods consumed, or items one may come into contact with while travelling with The Dragon Trip. By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Signature:

Participant/Parent/Guardian: Date:/...../.....