Food Allergies and Intolerances Form
Office of Conferences & Special Events, University Housing & Dining
300 Clark Hall/1203 South Fourth, Champaign, IL 61820, (217) 333-1766
nutrition@housing.illinois.edu

PLEASE PRINT/TYPICE Camp/Conference Attending: ________________
Dates attending: ________________ to ________________

PARTICIPANT INFORMATION:
Do not complete this form if the camper does not have a food allergy or special dietary need.

Participant Name: ________________________________ Age: ___________
Participant phone: (cell/home) ________________________________ Birth Date: _______
Participant email: _____________________________________________
Parent or Guardian Name: ______________________________________
Relationship to Participant _______________________________________
Parent Phone (cell) ________________ Work: ________________ Home: ___________
Email: _______________________________________________________

FOOD ALLERGY/INTOLERANCE(S):
Please attach medical documentation describing the dietary restrictions due to the food allergy and/or intolerance, from the Participant’s Physician (MD or DO). Documentation from a Doctor of Chiropractic not accepted.

*FOOD ALLERGY
___ Dairy     ___ Soy     ___ Eggs     ___ Peanuts     ___ Tree nuts
___ Fish     ___ Shellfish     ___ Sesame     ___ Corn
___ Wheat (do not check this for celiac disease or gluten sensitivity, only wheat allergy)

Other, please list: ________________________________________________________

*FOOD INTOLERANCE:
___ Gluten (celiac disease or non-celiac gluten sensitivity, includes wheat, barley, oats, rye)
___ Lactose     ___ Fructose     ___ Sulfites     ___ Histamines     ___ Nitrites
___ Fructans     ___ Tyramine     ___ Galactans     ___ Fava Beans     ___ MSG
___ Salicylates     ___ Polyols     ___ Citric acid     ___ Nightshades

Other, please list: ________________________________________________________
Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other):

__________________________________________________________

__________________________________________________________

**Dietary Needs Questionnaire**

Please answer the following questions to better help us with your needs:

1. What are the preferred food substitutions, if any? (soy butter for peanut butter, gluten-free breads, soy milk etc):

2. What types of contact will cause a reaction?
   - Airborne
   - Trace Cross Contact
   - Actual ingestion of food
   Please explain:

3. Does the Participant understand the food allergy and what needs to be done to manage it?

4. Has the Participant ever attended camp or eaten meals outside the home?
   - If yes, how were the meals handled?

5. Is there any other information you would like to share to help us meet the Participant’s needs?
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Menus, allergens, and ingredients will be posted online four weeks prior to your child's camp. Please contact your camp counselor to see which dining hall your child will be dining in. Then see EatSmart online at: eatsmart.housing.illinois.edu/NetNutrition/

Some participants and their parents have used EatSmart online to navigate menu items, food allergies, and food intolerances. However, some participants and parents would like extra precautions taken to help control for trace amounts of allergenic components/cross contact. We have a separate allergy-friendly preparation area in every dining hall and a designated allergy team that undergoes additional allergy and intolerance training beyond our regular staff training.

We have several special dietary food items such as half-pints of 100% lactose free milk. We also have a gluten-free refrigerator in each dining hall with gluten-free muffins, bread, buns, tortillas, and cookies. We also have a vegan corner containing vegan cream cheese, cheese slices, almond milk, rice milk, vegannaise, vegan ham and turkey deli meat, Bragg’s amino acids, nutritional yeast, and flax seed. We have silk vanilla and chocolate soy milk in all dining halls as well.

A minimum of two (2) weeks prior to the camp/conference, Camp/Conference Participants or the Participant’s Legal Guardian is required to contact the Administrative Dietitian at nutrition@housing.illinois.edu if you would like your child to have specially prepared meals made in our allergy-friendly preparation area. Dining Services will make every attempt to meet special diet and food allergy needs but cannot guarantee food service for all food allergies.

University Housing and Dining Services does not provide assistance or administer injections due to allergic reactions and does not carry or provide stock epinephrine in any dining hall.
http://www.housing.illinois.edu/Dining

University of Illinois Dining Services 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, we label items with possible allergen-containing ingredients; however, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice. Customers concerned with food allergies need to be aware of this risk. Dining Services will not assume any liability for adverse reactions to foods consumed, or items one may come in contact with while eating at any University establishments. Students with food allergies are encouraged to contact Dining Services at 217-244-5800 and/or the Dietitian at nutrition@housing.illinois.edu or 217-244-6655 for additional information and/or support.

By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Please print and sign with pen:
Participant/Parent/Guardian Signature: ___________________________ Date: ________