



31 Lasso Dr, Honey Brook PA 19344
(610)273-3969 ~ Fax: (610)273-3558
www.telhaicamp.org

Food Allergy Info Sheet

(Please fill out and return to the camp at least 2 weeks before program)

Child/Participant Name: _____ Program/Group: _____

Parent Name(for minor): _____ Phone #(s) _____

Food Allergy: {Please list food allergies along with their severity & reactions}

1) _____

2) _____

3) _____

List when you or your child last had an incident or reaction to the above allergies: _____

List any specific foods you or your child cannot eat because of allergies: _____

Please list any alternate meals or snacks you will be bringing for you or your child:

Please return this sheet to: Bruce Gregory, Tel Hai Camp & Retreat 31 Lasso Dr Honey Brook PA 19344 or fax to (610)273-3558
or bruce@telhaicamp.org

Revised 09/2015
