

APPENDIX — B

Special Diet Request Form

Camp Jubilee strives to provide all of our guests with nutritious and delicious meals and snacks, including those with dietary restrictions. We are sensitive to allergies and dietary restrictions and place the highest priority on ensuring safety. To safeguard this, we ask that this form be fully completed to ensure our food services team can be prepared for your upcoming visit.

Special Diets Policy and Notes:

- For those guests with cross contamination or other significant allergy concerns may be required to bring prepared meals for the duration of your stay.
- Camp Jubilee is a **30 minute boat ride to Deep Cove, North Vancouver** where emergency boats will be taken. Therefore guests should understand it would take approximately 30 minutes to access medical support in the form of BC Ambulance Service. Guests who require medicine to treat their allergic reactions must bring their own including **EPIPEN and/or Benadryl** (or similar product). Further, guests should consult with their doctor to establish amount of medicine required for the trip, as the effects of the medicine may wear off after 10-20 minutes and additional medicine (i.e. injections) may be required.
- Camp Jubilee is “**nut managed**” which means that we **AVOID** the use of nut or nut-related products. We remind all our guests of our “nut managed” status. However, we cannot guarantee that nuts or nut products are not present as guests may bring a restricted product without our knowledge. Additionally, some of our food products contain the warning “May contain traces of nuts” or “Produced in a factory in which contains nut and/or nut products.”

| DIETARY RESTRICTIONS | | | | FOOD SENSITIVITY | | | | | ALLERGY | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------------|-----------------------|-----------------------|-----------------------|---------------------|--------------------------|-----------------------|-----------------------|-----------------------|---------------------|
| | | | | (No allergy diagnosed by physician) | | | | | (Diagnosed by physician) | | | | |
| Vegetarian | Vegan | Pork Free | Beef Free | Gluten/Wheat | Dairy | Egg | Nut | Other (Please list) | Gluten/Wheat | Dairy | Egg | Nut | Other (Please List) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Details/Comments: | | | | Details/Comments: | | | | | Details/Comments: | | | | |

PLEASE NOTE IF ANY SENSITIVITY IS OK IN BAKED GOODS.

FOR EXAMPLE “EGG OK IN BAKED GOODS”.

Guests with Allergies:

We recommend that students with multiple allergies and/or severe allergies bring their own food for meals precooked in separate containers to minimize the risks and cross contamination.

Group Name: CHHA-BC Youth Peer Support Program

Participant Name (please print clearly): _____

Participant Signature: _____ **Date:** _____

(If guest is under 19, Parent/Guardian signature)