



Restricted Dietary Checklist

Please ONLY fill out this form if there are DIET RESTRICTIONS

This form must be completed and returned to Medeba a **minimum of ONE WEEK** prior to the camper's stay if Medeba is to meet their dietary needs.

Please **EMAIL** to summer@medeba.com, **FAX** to 705-754-1530, or **MAIL** to Medeba, Box 138, West Guilford, ON, K0M 2S0

NAME: _____ **WEEK(S) ATTENDING:** _____

We are happy to serve alternative diets, but we do not cater to individual preference.

Medical Dietary Needs or Food Allergies:

- Celiac Disease Lactose Intolerant Dairy Allergy
 Wheat Intolerance Other: _____

Please explain your dietary request. For example, please specify foods the camper should avoid and how they react:

If more room is needed, please attach another page.

Vegetarian and Vegan Diets

- I do not eat beef I do not eat pork
 I am a vegetarian.
My vegetarian diet **includes** (please circle): **Eggs** **Fish** **Milk** **Cheese** **Chicken**
 I am a vegan

If more room is needed, please attach another page.

Substitutions, Other Dietary Needs and Further Information

Please contact our Head Cook at info@medeba.com, or call the Medeba office at **1-800-461-6523** if you plan to bring alternate foods for any of the dietary needs listed above, have a dietary need not listed above, or would like to discuss or inquire about the camper's dietary needs in further detail.