

**Lutherlyn Food Service Information**

Camper Name: \_\_\_\_\_ Program/Week: \_\_\_\_\_

Contact: (Phone & Email) \_\_\_\_\_ Parent Name: \_\_\_\_\_

If your child has food allergies or dietary concerns please complete this form and return with your final payment, health form, and parent profile. The information gathered will aid the food service staff in preparing meals. If your child does not have any food service needs/concerns, you do not need to complete this form. **THIS INFORMATION MUST BE RETURNED TO LUTHERLYN AT LEAST 2 WEEKS PRIOR TO CAMP SO THAT WE CAN PLAN ACORDINGLY AND MEET YOUR CHILDS DIETARY NEEDS.** Thank You! ☺

Does your child have a food allergy / intolerance? Please explain:

Does your child need a special menu or food item for health or other reasons? Please explain:

See other side

**Lutherlyn Food Service Information**

Camper Name: \_\_\_\_\_ Program/Week: \_\_\_\_\_

Contact: (Phone & Email) \_\_\_\_\_ Parent Name: \_\_\_\_\_

If your child has food allergies or dietary concerns please complete this form and return with your final payment, health form, and parent profile. The information gathered will aid the food service staff in preparing meals. If your child does not have any food service needs/concerns, you do not need to complete this form. **THIS INFORMATION MUST BE RETURNED TO LUTHERLYN AT LEAST 2 WEEKS PRIOR TO CAMP SO THAT WE CAN PLAN ACORDINGLY AND MEET YOUR CHILDS DIETARY NEEDS.** Thank You! ☺

Does your child have a food allergy / intolerance? Please explain:

Does your child need a special menu or food item for health or other reasons? Please explain:

See other side

**Lutherlyn Food Service Information**

Camper Name: \_\_\_\_\_ Program/Week: \_\_\_\_\_

Contact: (Phone & Email) \_\_\_\_\_ Parent Name: \_\_\_\_\_

If your child has food allergies or dietary concerns please complete this form and return with your final payment, health form, and parent profile. The information gathered will aid the food service staff in preparing meals. If your child does not have any food service needs/concerns, you do not need to complete this form. **THIS INFORMATION MUST BE RETURNED TO LUTHERLYN AT LEAST 2 WEEKS PRIOR TO CAMP SO THAT WE CAN PLAN ACORDINGLY AND MEET YOUR CHILDS DIETARY NEEDS.** Thank You! ☺

Does your child have a food allergy / intolerance? Please explain:

Does your child need a special menu or food item for health or other reasons? Please explain:

See other side

Is your child a vegetarian or vegan?

Are there any other dietary concerns the Food Service staff should be aware?

**\*Food Allergies / Intolerances example: peanuts / tree nuts, wheat, dairy, eggs, seafood, etc.**

**\*If Lutherlyn has any questions or concerns, the Food Service Manager will contact you.**

**Please contact the Food Service Director with any questions or concerns:  
(724) 865 – 0025 or [foodservice@lutherlyn.com](mailto:foodservice@lutherlyn.com)**

Is your child a vegetarian or vegan?

Are there any other dietary concerns the Food Service staff should be aware?

**\*Food Allergies / Intolerances example: peanuts / tree nuts, wheat, dairy, eggs, seafood, etc.**

**\*If Lutherlyn has any questions or concerns, the Food Service Manager will contact you.**

**Please contact the Food Service Director with any questions or concerns:  
(724) 865 – 0025 or [foodservice@lutherlyn.com](mailto:foodservice@lutherlyn.com)**

Is your child a vegetarian or vegan?

Are there any other dietary concerns the Food Service staff should be aware?

**\*Food Allergies / Intolerances example: peanuts / tree nuts, wheat, dairy, eggs, seafood, etc.**

**\*If Lutherlyn has any questions or concerns, the Food Service Manager will contact you.**

**Please contact the Food Service Director with any questions or concerns:  
(724) 865 – 0025 or [foodservice@lutherlyn.com](mailto:foodservice@lutherlyn.com)**