

Tel Hai Camp & Retreat
Food Allergy Info Sheet

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

Child Name: _____ Parent Name: _____ Phone # _____

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

1) _____

2) _____

3) _____

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

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