

**CAMP SQUEAH**  
**Dietary Restrictions / Medical Information**  
*Fax to: 604-869-5364 att. Food Service Manager*

Please compile all significant medical and dietary needs of your class on this form. Send it to Camp Squeah at least 3 WEEKS PRIOR to your scheduled dates. (We cannot adequately prepare unless this is received in advance.)

**School:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Name of First Aid Attendant:** \_\_\_\_\_  
(and/or adult responsible for the security and distribution of medications.)

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**DIETARY RESTRICTIONS**

List any students with special dietary needs (allergies, vegetarian, diabetic...). Include specific details about each student's situation. For any food related concerns or enquiries please contact our Food Service manager at 1-800-380-2267 (ext 103) or [foodservices@squeah.com](mailto:foodservices@squeah.com)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

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**MEDICAL INFORMATION**

List student names and the nature of situation (if Camp Squeah is providing 1<sup>st</sup> Aid attendant)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.