SUMMER CAMPS AND GROUPS
MEDICAL & DIETARY CONSIDERATIONS

RUTGERS Dining Services

Important Notes:

1. All sections of this form must be completed before the request can be processed.
2. This form must be received by the Dining Services Nutritionist at least **TWO WEEKS** prior to the first day of camp. Dietary requests received after the two week period may not be honored.
3. Completion of this form will initiate a professional review of your nutritional and dietary concerns. Dining Services will work with camper/group member who have dietary restrictions to ensure a medically appropriate and nutritionally sound diet.
4. After all sections of the form are completed, please **return it to your camp/group director**. It will then be forwarded to the Dining Services Nutritionist who will contact the camper/parent/group member indicated to discuss individual dietary needs.

I. TO BE COMPLETED BY THE CAMPER/GROUP MEMBER (OR GUARDIAN)

NAME: _____ CONTACT PERSON: _____

PHONE#: _____ EMAIL ADDRESS: _____

NAME OF CAMP/GROUP: _____ DATE(S) OF CAMP/GROUP _____

Please describe the dietary restrictions and any specialized dietary adjustments required:

_____

_____

_____

II. TO BE COMPLETED BY PRIVATE PHYSICIAN

Describe briefly your medical findings regarding the individual's illness and dietary adjustments required.

_____

_____

_____

Physician's Signature: _____ Date: _____

Print Physician's Name: _____ Address: _____

Phone #: _____ Fax#: _____

Please suggest dining/nutritional accommodations to be considered for this individual: _____

Dining Services is only responsible for dietary accommodations for meals prepared and served through Rutgers Dining Services. All meals received from outside vendors/facilities will not be verified by the Dining Services Nutritionist.