

# Summer@GUS Food Allergy Intolerance Care Plan

CAMPER'S NAME \_\_\_\_\_

Circle weeks attending: 6/25 7/2 7/9 7/16 7/23 7/30 8/6 8/13

Allergy/Intolerance to: \_\_\_\_\_

Has your child ever had to use an epinephrine injector before? (circle one) YES NO

## Plan for handling snacks provided by Summer@GUS:

My child can have all snacks offered by the camp (circle one) YES NO

If "NO" please complete the chart below.

Please indicate if your child will be able to have the snack offered by the camp by placing a check in the corresponding box. A check mark indicates that your child can have this item.

ITEM	YES		YES
Chocolate Cheerios		Popsicles	
Cheez-Its		Fudgsicles	
Welchs Fruit Snacks		Richardson's Vanilla Ice Cream	
Rold Gold Mini Pretzels		Hersheys Chocolate Topping	
Camp Mix*		Strawberry Topping	
Cheese Sticks		Graham Crackers	
Orange Slices		Marshmallows	
Raisins		Hershey Bars	

\*Mixture of pretzels, cheez-its, and raisins

Check here if your camper should only eat snacks provided from home.

Please note:

- All snack ingredient lists are available in the health office for your review.
- You are welcome to provide special snacks for the week for your child.
- Please do not hesitate to contact us with any specific questions or concerns at 978-927-1064 x131 or [summer@gus.org](mailto:summer@gus.org).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_