



**Lake Geneva Christian Center**  
**Your people, Our place, God's purpose**

**Diet Modification Form**

In order to accommodate a special diet, LGCC kindly asks that you fill out this form and return it to the camp at least 14 days prior to attendance. Last minute requests cannot be guaranteed.

Guest's Name \_\_\_\_\_

Group or Camp attending \_\_\_\_\_

Dates of Camp attendance \_\_\_\_\_

Physicians Signature \_\_\_\_\_

(Required for individualized meals to be made)

**Guests with Special Diets**

Please indicate specific type of diet modifications needed, foods to be omitted or substituted, medical reason for diet modification (Diets not prescribed by a physician are individual's responsibility):

**Guests with Allergies** \*\*LGCC cannot guarantee a 100% allergy free environment.

Please indicate type of allergy:

**Please Note:** Guests with personal lifestyle choices (ex: vegetarian or vegan), would be responsible for their own meal supplements. LGCC does provide a salad bar at lunch and dinner.

**LGCC does not cook with peanuts, peanut oil, etc. However, foods shipped to camp may be made in a facility with nuts so cross contamination may happen. LGCC cannot provide a peanut free camp.**

**To be completed by parent/guardian for Minors**

I hereby request that my child, \_\_\_\_\_, DOB \_\_\_\_\_  
(Name of Child) (Date of Birth)

receive a modified diet as prescribed by his/her physician, \_\_\_\_\_  
(Name of Physician)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

NOTES: