

YMCA Camp Wyuna

Occupancy & Dietary Form







Occupancy & Dietary Requirements

Email: campwyuna@ymca.org.au

Please return completed form to YMCA Camp Wyuna 14 days prior to your camp.

Mail: PO Box 200, Queenscliff VIC 3225

Group:	Group Leader:
Mobile:	Camp Dates:

Contact mobile while at camp

Meals	Breakfast		Lur	nch	Dinner		
	Staff/Adults	Student	Staff/Adults	Student	Staff/Adults	Student	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Beds	Monday Night	Tuesday Night	Wednesday Night	Thursday Night	Friday Night
Students & Staff/Adults					

Please contact Camp Wyuna on (03) 5258 1656 if there are any changes to the above information



Special Dietary Requirement Form

We request that the school appoints a Special Diets Coordinator from within your staff team, who will take responsibility whilst on camp for:

- Liaising with YMCA staff regarding campers with special dietary needs
- Ensuring that each camper with special dietary needs receives the food especially prepared for them, by being present at all meals (B/L/D) including morning/afternoon tea.
- Please only enter each person in one area.

Schools Special Diets Coordinator

Mobile

Group Name

Camp Start/End Dates

Life Threatening (Anaphylactic) Food Allergies

We require ASICA's Management plans (with photo) for these guests.

Full Name	Nuts & Products	Eggs & Products	Dairy/Milk & Products	Seafood & Products	Soy & Products	Sesame Seeds & Products	Lupi & Products	Other: Please be specific	Anaphy- laxis Trlgger: Ingestion/ Tactile/ Airborne	Carries an EpiPn?	Current ASICA'S Form Attached Y/N



Special Dietary Requirement Form

Non-Life Threatening Food Allergies & Intolerances.

This is not for dislikes of foods.

Egg and dairy allergies, please specify if that includes egg and dairy products in baking. All chicken or beef is Halal. Guests have choices of bacon or ham.

Full Name	Adult/ Child	Allergy or Intolerance	In Baked Goods? Y/N	Mild or Severe

Vegetarian/Vegan

Full Name	Adult/ Child	Vegetarian/Vegan	Others

Birthday. Do you require candles

Full Name	Age	Date

Signed Off:

School's Special Diets Coordinator

Date