

Black Rock Retreat

Outdoor Education: Food Allergy Form

Parents:

Please fill out this form and return it at least two weeks prior (if you are emailing it to us) or 3 weeks prior (if you are using the USPS to mail a paper copy) to your school's trip. Should this form be received less than the required time before your trip please plan on making your own arrangements for your student's food.

Participant Last Name: _____

Participant First Name: _____

School/ Program Name: (no initials please) _____

Retreat/Program Start Date: Day _____ Month _____ Year _____

Retreat/Program End Date: Day _____ Month _____ Year _____

Parent Guardian Name (must be the person who can answer questions regarding the allergy):

First Name: _____ Last Name: _____

Parent/Guardian Email Address: _____

Parent/Guardian Phone : _____

Parent/Guardian Phone #2 : _____

Allergy- Please List Food(s) that participant is allergic to or specific dietary restriction.

Please list type of exposure that is required to produce allergic reaction (ie. Ingestion or airborne):

Please list reaction(s) to the food and attention required if exposed. Please be specific regarding typical reaction:

Please Send To:
outdoor@blackrockretreat.com

or

Black Rock Retreat
Outdoor Education
1345 Kirkwood Pike
Quarryville, PA 17566