Link Crew Retreat Dietary Allergies or Restrictions

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student require Vegetarian meals? Please check the box to the right if so. -----------------------------------------------------------------------

Does your student have any specific life-threatening food allergies? Please list them below if so.