

Greetings!

Deerfoot Lodge takes reasonable precautions for campers and staff with food allergies that are verified by a medical professional. Our policy on food allergy precautions is based on the following limitations, requirements and restrictions:

1. Camper parents who expect Deerfoot to accommodate their children must complete the Allergy Forms.
2. Allergy forms are to be signed by a licensed physician (MD, DO, PA or NP).
3. Campers and parents accept the inherent risks and limitations which include:
 - a. Food is prepared by staff members, most of which are not food service professionals, nor experts in food allergies.
 - b. Trail meals are prepared by counselors on hikes, often up to 24 hours away from emergency medical services.
 - c. Camp food is served family-style, heightening the possibility of accidental cross-contamination.
 - d. Deerfoot's food is prepared in a kitchen that is not allergen free and is not nut free, nor is food on the trail
 - e. Main camp food products are used from vendors that do not guarantee allergen free food products. We do provide certified Gluten Free/Dairy Free products.
4. Campers must be willing and able to participate in their food intake and follow their written restrictions.
5. Menu alterations will be designed by the Food Service Staff. Deerfoot will provide Gluten Free and Dairy Free options for those campers who require those restrictions. Parents should not supply substitute foods unless requested by the camp Food Service Staff. When substitute foods are deemed necessary by Deerfoot Staff, Deerfoot will contact you.

Please understand that we are not able to accommodate dietary preferences such as vegan, vegetarian, kosher or other personal dietary restrictions. Nor are we able to distribute food or vitamin supplements.

Recognizing that each camper's needs are unique, the following guide is provided as a starting point for accommodating your son's dietary needs.

Looking forward to camp this summer!



All forms should be sent to Deerfoot Lodge, PO Box 228, Speculator, NY 12164; Fax: 518-924-2606 (Sept.-May) or 518-548-6333 (June-August); Phone: 518-548-5277; Email: Stephanie@deerfoot.org

Guide for Special Diet Planning

Step	What	Who	When	Note
1.	Register for Camp and indicate that your son has a special Dietary need or allergy.	Parents	ASAP	Feel free to inquire about allergy planning prior to registering.
2.	Await an email/mailing with special dietary/allergy paperwork to be signed by a licensed Physician.	Parents	ASAP	All forms are due by 4 weeks from the session start date, but it is very helpful to send the health form earlier.
3.	Mail completed forms to DL.	Parents	At least 4 weeks prior to the start of the session.	There are two forms: One is completed by the parent, the other is completed by a doctor.
4.	Communication with the Food Service Staff.	Parents	Begins June 4, 2017	Contact the Camp Office to initiate communications (518-548-5277, stephanie@deerfoot.org)
5.	Arrival Day. For campers with severe intolerances to dairy, and multiple allergies, Substitute ingredients should be delivered to the Kitchen on Registration day.	Parents	Registration Check in Day.	Please call a few days prior to your son's arrival to arrange for Deerfoot Staff to be present at the Kitchen to meet you and talk through the plan with you (518-548-5277)

Two Completed Forms Are Required:

1. Medical Professional Dietary Statement. This is to be completed by a licensed physician (MD, DO, PA or NP).
2. Parental Dietary Statement. This form is to be completed by the parent/guardian.

Your Son's Menu Plan

Since we serve family style to over 200 people, we are not able to accommodate dietary preferences and tastes (such as Vegan, Vegetarian, etc.) All dietary restrictions require verification by a licensed physician.

Disclaimer: Our foods are received from a variety of commercial vendors. We cannot guarantee that all foods are allergen free. We do provide certified Gluten Free and Dairy Free Products. In especially severe cases, it is recommended that parents provide substitute ingredients for their camper's meals.

Parental Statement on Special Dietary Needs

(This form to be completed by the parent)

Deerfoot provides family style food service for over 200 people per meal. With your help, we will try to accommodate your camper's medically required dietary needs. We are unable to accommodate dietary preferences (Vegan, Vegetarian, etc.). This form is required along with the 'Licensed Physician's Special Diet Statement' which must be completed by a licensed physician.

Camper Full Name: _____ **Age:** _____

Session: _____ **Section:** _____ **Returning camper:** Yes No

Deerfoot will provide Gluten Free and Dairy Free meal options when needed to eliminate the need for substitute food from you. However, Deerfoot may contact you to bring foods to supplement those available to camp for specific campers that have severe dietary restrictions (such as, but not limited to, more than one allergy/intolerance, severe lactose intolerant). If contacted to bring special foods, clearly label with your son's name and deliver them to the Deerfoot kitchen on Registration/Check-in Day. Please call the camp office (518-548-5277) the week of your arrival to arrange for a designated person from our kitchen staff to meet you to go over everything and discuss how meals will be provided for your son to meet his special dietary needs.

Parent/Guardian Authorization:

My camper is aware of his allergies and will be proactive in asking the staff any questions about food we are serving.

I understand that accommodations can be provided to campers with food allergies and/or intolerances. In order for Deerfoot Lodge to make these accommodations, it is required for a licensed physician to determine the specific allergy and/or intolerance and if contacted by Deerfoot staff, to provide reasonable food omissions and possible substitutions. I give permission for Deerfoot's Food Service to omit and substitute the foods identified by the physician. I authorize a Deerfoot representative to discuss or clarify the food omissions and substitutions with the licensed physician, if needed.

Parent/Guardian Signature: _____ Date: _____

Please return this document at least 4 weeks prior to arriving at camp: Deerfoot Lodge, ATTN: Stephanie Hoffman, P.O. Box 228, Speculator, NY 12164; Fax: 518-924-2606(Sept-May), 518-548-6333(June-August); Email: Stephanie@deerfoot.org

**Licensed Physician's Special Diet Statement for Deerfoot Lodge Campers
With Dietary Allergies and/or Intolerances.**

(To be completed by a Licensed Physician MD, DO, PA, or NP)

Part 1: Personal Information

Camper Name: _____ Date of Birth: _____

Parent Name: _____ Phone Number: _____

Email Address: _____

Part 2: Special Diet

LICENSED PHYSICIAN MUST COMPLETE. PLEASE PRINT.

Identify the food allergy and/or intolerance (e.g. peanut allergy, celiac disease).

Are any of the allergies listed life threatening/anaphylactic? Yes No If yes, which ones?

Identify all food items that should be omitted from the camper's meals.

Peanuts

Wheat

Tree Nuts

Gluten (wheat, malt, barely, rye, cross-contaminated oats)

Dairy

Egg

Other: _____

Part 3: Signature of licensed physician (MD, DO, PA, or NP). Please sign and retain a copy of this document.

Disclosure or Inherent Risks: Our main camp foods are delivered from a variety of commercial vendors which do not guarantee that all food are allergen free. We will provide certified Gluten Free and Dairy Free products. In especially severe cases, Deerfoot will contact parents to provide substitute ingredients. Being a remote wilderness camp, campers may be up to 24 hours away from emergency care.

I certify that _____ (camper name) has a food allergy and/or intolerance that requires the food omissions noted on this form and/or substitution while at camp.

I have discussed inherent risks due to Deerfoot Lodge's remote location and program with the parents.

Physician's Name (Print): _____ Phone Number: _____

Physician's Signature: _____ Date: _____

Medical License Type (MD, DO, PA, or NP): _____ City, State: _____

Please return this document at least 4 weeks prior to arriving at camp: Deerfoot Lodge, ATTN: Stephanie Hoffman, P.O. Box 228, Speculator, NY 12164; Fax: 518-924-2606(Sept-May), 518-548-6333(June-August); Email: Stephanie@deerfoot.org