

CAMP SNACK PERMISSION FORM
IF YOUR CHILD HAS A FOOD ALLERGY OR INTOLERANCE PLEASE FILL OUT THIS FORM

PLEASE WRITE YES if your child can eat the snack or NO if your child cannot eat the snack

CAMPER NAME _____

BUNK _____

_____ Animal Crackers (Stauffer's)
_____ Caramel Toppings (Sensory Effects Flavor)
_____ Cherries
_____ Cookies & Cream Bar- Nelson's Ice Cream)
_____ Cupcakes(GIANT) Mini & Junior Campers
_____ Cupcakes(Sam's) Middler,Sr.,Teen Scene
_____ Freezer Pop's(The Jel Sert Co.)
_____ Goldfish(Pepperidge Farm)
_____ Hot Dogs (Hatfield Phillies Beef Franks)
_____ Hot Dog Rolls (Stroehmann)
_____ Ice Cream (Nelson's Vanilla)
_____ Ketchup(Heinz)
_____ Lemonade (Kloss Fountain Syrup)
_____ Marshmallow Fluff (Durkee-Mower Inc.)
_____ Mustard(Heinz)
_____ Popcorn (Butter-Naks Pop Buttered)
_____ Popsicle (Nelson's Ice Cream)
_____ Potato Chips(Frito Lay)
_____ Pretzel Rods(Rods)
_____ Pirate's Booty
_____ Relish (B & G)
_____ Snickers Ice Cream Bar(Snickers)
_____ Sprinkles/Chocolate (Sprinkle King Carnival Blend)
_____ Sprinkles (Sprinkle King Carnival Blend)
_____ Strawberry Topping
_____ Syrup (Hershey's Chocolate)
_____ Syrup (Kloss Fountain Syrup)

FOOD ALLERGY/INTOLERANCE

• **PLEASE WRITE YES OR NO**

My child will require an EpiPen to be kept at the nursing office _____.

• ***All EpiPens must be in their original box accompanied by an updated script and an action plan.***

• ***If your child has a food allergy please feel free to bring in snacks and special treats, the nursing office can hold them in their refrigerator/freezer.***

Parents' Signature

Date