



Restricted Dietary Checklist

This form must be completed and returned to Medeba a minimum of TEN DAYS prior to the camper/guest's stay if Medeba is to meet their dietary needs.

Please **ONLY** fill out this form if there are **DIET RESTRICTIONS**

Please note: for dietary forms with more than one allergy/need (for example Gluten Free and Vegetarian) we may ask the guest/camper to bring some of their own food to supplement what we are able to provide.

Please **EMAIL** to summer@medeba.com, **FAX** to 705-754-1530,
or **MAIL** to Medeba, Box 138, West Guilford, ON, K0M 2S0

NAME: _____ **DATE(S) ATTENDING:** _____

Phone Number: _____ Email: _____

We are happy to serve alternative diets, but we do not cater to individual preference.

Medical Dietary Needs or Food Allergies:

- | | | | |
|--|---|--|------------------------------|
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Dairy Allergy | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Wheat Intolerance | <input type="checkbox"/> Peanuts/Treenuts | <input type="checkbox"/> Other: _____ | |

Please explain your dietary request. For example, please specify foods the camper should avoid and how they react:

If more room is needed, please attach another page.

Vegetarian and Vegan Diets

- | | | |
|---|--|--|
| <input type="checkbox"/> I do not eat beef | <input type="checkbox"/> I do not eat pork | <input type="checkbox"/> I do not eat fish |
| <input type="checkbox"/> I am a vegetarian. | | |

My vegetarian diet **does not include** (please circle): **Eggs** **Fish** **Dairy**

- ☐ I am a vegan

If more room is needed, please attach another page.

Substitutions, Other Dietary Needs and Further Information

Please contact our Head Cook at info@medeba.com, or call the Medeba office at **1-800-461-6523** if you plan to bring any alternative foods, have a dietary need not listed above, or would like to discuss a guest's dietary needs in further detail.