



Food Allergy Release Form

Parents,

The camp that you have enrolled in will be handling and consuming different foods. Please help us keep your child safe by filling out this form.

Please enter as much information as possible:

KIDS U Camper's name: _____ Age _____

Parent/Guardian name: _____ Parent/Guardian phone: _____

Please list any food allergies of any kind that we need to be aware of:

Parent's signature: _____ Date: _____