

SUMMER CAMPS AND GROUPS MEDICAL & DIETARY CONSIDERATIONS



Important Notes:

1. All sections of this form must be completed before the request can be processed.
2. This form must be received by the Dining Services Nutritionist at least **TWO WEEKS** prior to the first day of camp. Special dietary requests received after the two week period may not be honored.
3. Completion of this form will initiate a professional review of your nutritional and dietary concerns. Dining Services will work with camper/group member who have special dietary needs to ensure a medically appropriate and nutritionally sound diet.
4. After all sections of the form are completed, please **return it to your camp/group director***. It will then be forwarded to the Dining Services Nutritionist who will contact the camper/parent/group member indicated to discuss individual dietary needs.

I. TO BE COMPLETED BY THE CAMPER/GROUP MEMBER (OR GUARDIAN)

NAME:	_____	CONTACT PERSON:	_____
PHONE#:	_____	EMAIL ADDRESS:	_____
NAME OF CAMP/GROUP*	Scarlet Knights Wrestling Camps 130 College Ave New Brunswick, NJ 08903	DATE(S) OF CAMP/GROUP	_____

Please describe the specialized dietary adjustments required:

II. TO BE COMPLETED BY PRIVATE PHYSICIAN

Describe briefly your medical findings regarding the individual's illness and special dietary adjustments required.

Physician's Signature:	_____	Date:	_____
Print Physician's Name:	_____	Address:	_____
Phone #:	_____	Fax#:	_____

Please suggest dining/nutritional accommodations to be considered for this individual: _____

Physician Signature _____ Date: _____

Dining Services is only responsible for dietary accommodations for meals prepared and served through Rutgers Dining Services. All meals received from outside vendors/facilities will not be verified by the Dining Services Nutritionist.