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Special Dietary Requirements

It is essential we receive this information no later than 10 days prior to your attendance at our centre. If you do not provide this information by the required date there will be a **surcharge of \$50.00 per special diet per camp** to cover the last-minute extra administration and catering costs.

TO BE FILLED OUT BY THE PERSON WHO HAS THE SPECIAL DIETARY NEEDS

GROUP NAME <i>Kyookai Goju Rupa Kanta</i>	NAME
ARRIVAL DATE	AGE
PHONE	EMAIL
SITE <input type="checkbox"/> Waterslea <input type="checkbox"/> Koloona <input checked="" type="checkbox"/> Blue Gum Lodge <input type="checkbox"/> Rathane <input type="checkbox"/> Telford <input type="checkbox"/> Chaldercot <input type="checkbox"/> Deer Park	

Anglican Youthworks Centres cater for the following special diets, please tick the boxes that apply to you:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> No Seafood | <input type="checkbox"/> No Dairy | <input type="checkbox"/> Low Amines |
| <input type="checkbox"/> No Red Meat | <input type="checkbox"/> No Eggs | <input type="checkbox"/> No Wheat | <input type="checkbox"/> Low Salicylates |
| <input type="checkbox"/> No Pork | <input type="checkbox"/> No Peanuts | <input type="checkbox"/> No Gluten | <input type="checkbox"/> No Preservatives |
| <input type="checkbox"/> No Beef | <input type="checkbox"/> No Tree Nuts ... | <input type="checkbox"/> No Gluten/Dairy | <input type="checkbox"/> No MSG (621) |

- Are you able to have small amounts of the allergens you have listed above? YES NO
- Are you able to have foods which carry the warning "may contain traces of ..."? YES NO

If you have answered NO to question 2 above – you are required to supply your own food.

Please tick if you will be supplying your own food.

As we are a commercial kitchen, we cannot provide or guarantee food is free of **any specified allergen**. Any guest likely to suffer a severe or life threatening anaphylactic reaction is required to bring their own food to reheat, and disposable cutlery and crockery, thus reducing the risk of cross-contamination. A microwave and fridge will be available for your use. A discount of \$10 per day applies to any guests supplying all of their own food.

Fruit is provided for between meal snacks. Guests may wish to supplement this with their own food.

DIET	DESCRIPTION OF DIET	GROUP WILL NEED TO BRING
Vegetarian	No meat	
No Red Meat	No beef, lamb, veal, pork.	
No Seafood	No shellfish or seafood products provided.	
No Gluten (Coeliac)	No gluten-containing grains (wheat, rye, oats or barley) or their products or extracts.	Own bread.
No Wheat	No wheat, wheat products or wheat extracts	Own bread.
No Dairy	No milk, milk products or milk extracts. "So Good / Vitasoy" soy milk is provided.	Own milk if "So Good / Vitasoy" soy milk is not acceptable.
No Gluten / Dairy	No gluten or dairy as above	Own milk and bread
Diabetic	Low GI	Sugar free drinks

Certain allergies not listed above may be able to be accommodated. Please contact our Catering Department on 02 8525 3116 to discuss.

Signed: _____ Print Name: _____ Date: _____

PORT HACKING CONFERENCE & OUTDOOR CENTRES

ADDRESS Warumbul Rd, Royal National Park • POSTAL ADDRESS PO Box 705, Sutherland NSW 1499

TELEPHONE (02) 8525 3100 • FACSIMILE (02) 9524 3810 • EMAIL pth@youthworks.net • WEB www.outdoorcentres.youthworks.net

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CONFIDENTIAL INFORMATION FORM

Name: _____ Date of Birth: _____ Sex M / F
 Address: _____ School/Group: _____
 Suburb: _____ Post Code: _____ Home Ph: () _____
 Medicare No.: _____ Card Ref No.: _____ Card Expiry Date: _____
 Health Insurance Co.: _____ Number: _____
 Family Doctor: _____ Phone No.: () _____
 Date of Last Tetanus Booster: _____

Emergency Contact 1: _____ Relationship _____
 Contact Numbers: Work: () _____ Home: () _____

Emergency Contact 2: _____ Relationship _____
 Contact Numbers: Work: () _____ Home: () _____

Does this person suffer from, or is limited in their participation in activities, by any of the following?:
 If "Yes": Details (eg medications, treatments, triggers)

1. Respiratory Conditions
 a) Asthma – Yes / No _____ If Yes complete Asthma Management Plan
 b) Other – Yes / No : Details - _____
 2. Allergies (eg to foods, drugs, environment, animals etc..) – Yes / No: Details - _____

3. Muscular/Skeletal Conditions (eg Back Problems, Ankle Sprains, Joint Dislocations etc.) - Yes/No:
 Details - _____

4. ADD/ADHD - Yes/No: Details - _____

5. Diabetes - Yes/No: Details - _____

6. Epilepsy or Seizures - Yes/No: Details - _____

7. Headaches/Nose Bleeds – Yes/No: Details _____

8. Heart Problems -Yes/No: Details - _____

9. Other (incl Fears/Phobias) - Yes/No: Details - _____

Other Illnesses, Operations or Hospitalisation this person has experienced in the last 12 months – Yes/No:
 Details - _____

Special Dietary Needs – Yes/No: Details - _____

Can the participant swim? Yes/No _____ Distance (in metres)? _____

Are there any aspects of the program you do not wish your child to participate in – Yes/No
 If Yes please specify - _____

Please read, sign and date the following

I _____, being the parent or legal guardian of the above mentioned participant assume full responsibility for her/his health such that the activities of the program will in no way aggravate any known condition. If in any doubt, I will seek and follow medical advice and inform Horizon Educational Camps or the Challenge Program of that advice. I will also notify Anglican Youthworks of any significant change in the participants health prior to the program. I declare that all statements on this form are true and accurate and that all relevant information has been provided.

Signed: _____ Date: _____