

Dietary, Food Sensitivity & Food Allergy Questionnaire

You may complete your responses electronically. Type into the fields, then digitally sign and email back.

Student Name _____ Course # _____

You have indicated that you have a special diet requirement or food allergy, and we need more information. Please answer the following questions so we may understand your situation. **NOTE: Food systems at the Hurricane Island Outward Bound School are not designed to accommodate severe, life threatening allergies that are triggered by incidental contact with the allergen or ingestion of trace amounts or residue.** Though we stock or can obtain some foods that are processed in nut-free (for example) facilities, they are stored at our basecamps and then carried on expedition in containers that have contained nuts at other times. We can accommodate some specialized diets and some allergies; some may require a participant to bring some supplemental foods. HIOBS will contact you if you need to bring some food items.

Dietary

1. Do any of these apply to you? Please check any that apply:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Lactose intolerant | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Gluten intolerant (gluten free) | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> Wheat intolerant (wheat free) | <input type="checkbox"/> Nut free |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> No Seafood |

2. Please describe your dietary needs and the reason for these considerations. Be specific (i.e. diabetes, allergies, personal choice).

3. Please list food(s) you do not or are not able to eat, and what would happen if you did.

Food	Reaction if you eat the food	Reaction if you eat residue	Reaction if you touch residue



4. When did you last have a reaction to food that you ate or touched? What happened and what did you do about it?

5. Do you require a specialized schedule for meals and/or snacks? (If yes, please describe.)

6. Do you use any medications to treat the reaction or symptoms? (If yes, please describe reactions and list medications.)

7. What do you substitute for the foods you can't eat? Please include the brand name.

Food	Substitute #1	Substitute #2

8. Best day/time to reach you: _____ Best phone number: _____

Who filled out this questionnaire? The applicant Parent/Guardian
 Other: _____

I understand that the Hurricane Island Outward Bound School cannot provide me with an entirely allergen-free environment, and that foods and substances to which I am allergic may be present, either as food to be eaten by others, or in trace amounts on containers or equipment that I use. I understand that it is my responsibility to identify what I am eating during my course, and avoid things that would harm me.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 21 years old)

Date