Mount Rainier Institute

Participant Dietary Restrictions

Complete this form ONLY if you as a participant or your child has a dietary restriction. Please email this form at least 2 weeks prior to your arrival to Amy Wilson at <u>amye13@uw.edu</u>.



At Mount Rainier Institute, we strive to accommodate dietary restrictions to the greatest extent possible. Please list dietary restrictions on the permission slip and on this form. Include any food allergies, reactions to food and the appropriate treatment to be used.

If the restriction is for a medical reason, please be very specific in describing the extent of the restriction. For example, if the participant is allergic to eggs, is it just eggs as a dish (such as scrambled eggs) or does it include casseroles, breads, cakes, etc. that include eggs in the recipe? If the participant takes medication for the food allergy, can the food be eaten as long as the medication is taken? The more information we have, the better we can meet your needs.

Participant Name: ______ School: _____

| Dates of Attendance: | |
|----------------------|--|
| Dules of Altendunce. | |

Please List any **food allergies**, reaction to food, and appropriate treatment to be used here:

If the participant listed on this form is allergic to **nuts** please check the appropriate boxes below: Reaction occurs if nuts are: This participant **MAY** eat products that:

| Ingested | Are produced in the same factory as nut products so |
|-----------|---|
| 🗆 Inhaled | long as there are no nuts listed in the ingredients list. |
| Touched | |

-Zh\Y`dUfh]W]dUbh``]ghYX`cb`h\]gʻZcfa `]gʻU``Yf[]Whc``**UWhcgY**`d`YUgY`W\YW_`h\Y`Uddfcdf]UhY`VcIYgʻVY`ck. H\]gʻdUfh]W]dUbh`**A5M**YUh``UWhcgY`dfcXiWhgʻh\Uh`

□ Are baked into bread, cakes, cookies □ Are on/in pizza

Please indicate if the participant on this form has a **dietary preference** below:

| Vegetarian | 🗖 Vegan | 🗖 No Pork | 🗖 No Red Meat | Other: | |
|------------|---------|-----------|---------------|--------|--|
| 0 | 0 | | | | |

| Name: Phone: Email: | me: |
|---------------------|-----|
|---------------------|-----|

If you have concerns about your child's diet, please feel free to discuss the situation with Mount Rainier Institute's food service department at (253) 692-4171 or (253) 692-4170.

Food is ordered a week before your visit to Mount Rainier Institute. In order to accommodate your needs. **WE MUST RECEIVE THIS FORM AT LEAST 2 WEEKS BEFORE YOUR ARRIVAL DATE.** Please also note any allergies or dietary preferences on the health form that is returned to your teacher.