

**TEXAS JAZZ & BLUES CAMP (TJBC)  
FOOD ALLERGY FORM for CAMPERS & STAFF**

*Please Return Completed Form to [enroll@newschoolofmusic.net](mailto:enroll@newschoolofmusic.net)*

PLEASE PRINT/TYPE Camp/Conference Attending: \_\_\_\_\_  
Dates attending: \_\_\_\_\_ to \_\_\_\_\_

**PARTICIPANT INFORMATION:**

**You do not need to complete this form if the camper does not have a food allergy or special dietary need!**

Participant Name: \_\_\_\_\_

Participant Age: \_\_\_\_\_ Sex:  M or F  Birth Date: \_\_\_\_\_

Contact information:

Participant:

Phone: (cell/home) \_\_\_\_\_ email: \_\_\_\_\_

Parent or Guardian:

Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

email: \_\_\_\_\_

**\*FOOD ALLERGY (S)/INTOLERANCES:**

**Please provide medical documentation describing the dietary restrictions due to the food allergy and/or intolerance, from the Participant's Physician.**

Check **all** that apply:

\_\_\_\_ Peanut \_\_\_\_ Wheat \_\_\_\_ Gluten \_\_\_\_ Dairy \_\_\_\_ Shellfish \_\_\_\_ Soy \_\_\_\_ Eggs  
\_\_\_\_ Tree nuts \_\_\_\_ Other (please list): \_\_\_\_\_

Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other): \_\_\_\_\_

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TJBC STUDENT NAME: \_\_\_\_\_

### **Food Allergy Questionnaire**

Please answer the following questions to better help us with you needs:

1. What food(s) is the Participant intolerant or allergic to? Please list food that are to be avoided (dairy, gluten nuts, soy, eggs etc):
  
2. What are the preferred food substitutions, if any? (soy butter for peanut butter, gluten-free breads, soy milk etc):
  
3. What types of contact will cause a reaction? circle and explain:  
Airborne      Aerosol      Cross Contamination      Actual ingestion of food      Other  
Please explain:
  
4. Does the Participant understand the food allergy and what needs to be done to manage it?
  
5. Has the Participant ever attended camp or eaten meals outside the home?  
  
If yes, how were the meals handled?
  
6. Is there any other information you would like to share to help us meet the Participant's needs?

By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Signature:

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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Parent Phone & Email: \_\_\_\_\_