



# FAMILY NUTRITION HISTORY

Please complete this form as thoroughly as possible so that our staff may plan accordingly. Meals are served "family style" at Camp Neveda.

Family Name: \_\_\_\_\_ Session: \_\_\_\_\_

1. What best describes your family's approach to food and meals?

- Carbohydrate Counting
- No Concentrated Sweets
- Vegetarian
- Other:

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2. Does anyone attending Family Camp have any of the following?

- Celiac Disease (gluten intolerance)
- Lactose (milk) intolerance
- Food allergies - please describe and list foods they cannot have:

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