

Please complete and return this form to the School Office
by no later than Friday 24 May 2019.

9 May 2019

2019 MARANATHA RECREATION CAMP – YEAR 4
Wednesday 5 June - Friday 7 June 2019
SPECIAL DIETARY / MEDICAL NEEDS



Note: This is about specific special dietary needs, not likes and dislikes.

STUDENT or ADULT SUPERVISOR'S NAME: (PLEASE PRINT)

(Please tick)

I have no special dietary needs or medical conditions.

I have the following dietary needs or medical needs.

DIETARY NEED/S: Write these below, so that the school can inform the kitchen staff at our place of accommodation.

MEDICAL CONDITION/S:

PARENT / GUARDIAN / ADULT SUPERVISOR NAME: (PLEASE PRINT)

SIGNATURE: _____ DATE: ____ / ____ / ____