

Log Cabin Camp

CATERING FORM

Please complete this form and return 14 days prior to your camp.

Fax to 03 5345 2789 or email to admin@logcabincamp.com.au

NAME OF GROUP: _____

GROUP LEADER: _____

SPECIAL DIETS COORDINATOR: _____

DATES OF CAMP: From _____ to _____

NUMBER OF STUDENT CAMPERS: _____ AGE RANGE : _____

NUMBER OF TEACHERS / ADULTS: _____ or Year Level : _____

Each group must appoint a Special Diets Coordinator from within your staff team, who will take responsibility whilst on camp for:

- Introducing campers with special dietary needs to kitchen staff.
- Liaising with kitchen staff regarding campers with special dietary needs.
- Ensuring that each camper with special dietary needs receives the food especially prepared for them, by being present at each meal including morning & afternoon teas & supper.

See next page titled "Special Diets Coordinator Responsibilities" for more details.

Please tick your required meals and fill in times:

| MONDAY | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Breakfast @ _____ am |
| <input type="checkbox"/> | Morning Tea @ _____ am |
| <input type="checkbox"/> | Lunch @ _____ pm |
| <input type="checkbox"/> | Afternoon Tea @ _____ pm |
| <input type="checkbox"/> | Dinner @ _____ pm |
| <input type="checkbox"/> | Supper @ _____ pm |

| TUESDAY | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Breakfast @ _____ am |
| <input type="checkbox"/> | Morning Tea @ _____ am |
| <input type="checkbox"/> | Lunch @ _____ pm |
| <input type="checkbox"/> | Afternoon Tea @ _____ pm |
| <input type="checkbox"/> | Dinner @ _____ pm |
| <input type="checkbox"/> | Supper @ _____ pm |

| WEDNESDAY | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Breakfast @ _____ am |
| <input type="checkbox"/> | Morning Tea @ _____ am |
| <input type="checkbox"/> | Lunch @ _____ pm |
| <input type="checkbox"/> | Afternoon Tea @ _____ pm |
| <input type="checkbox"/> | Dinner @ _____ pm |
| <input type="checkbox"/> | Supper @ _____ pm |

| THURSDAY | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Breakfast @ _____ am |
| <input type="checkbox"/> | Morning Tea @ _____ am |
| <input type="checkbox"/> | Lunch @ _____ pm |
| <input type="checkbox"/> | Afternoon Tea @ _____ pm |
| <input type="checkbox"/> | Dinner @ _____ pm |
| <input type="checkbox"/> | Supper @ _____ pm |

| FRIDAY | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Breakfast @ _____ am |
| <input type="checkbox"/> | Morning Tea @ _____ am |
| <input type="checkbox"/> | Lunch @ _____ pm |
| <input type="checkbox"/> | Afternoon Tea @ _____ pm |
| <input type="checkbox"/> | Dinner @ _____ pm |
| <input type="checkbox"/> | Supper @ _____ pm |

| Usual meal times are: | |
|--|------------|
| Breakfast | 8 am |
| Lunch | 12:30/1 pm |
| Dinner | 6 pm |
| However these times can be changed to suit your program. | |

Please note:

Packed lunches are available on request. **Specify no. of pages of Special Diets** _____

- Please tick if you require Billy Tea and Damper as part of your program**

(Usually taken in place of morning tea, afternoon tea or Supper.)

Please specify day and time: _____

Duty Groups for setting / clearing and cleaning tables are required at each meal. Groups (approx. 10 students) should arrive 15 minutes prior to meal times accompanied by an adult leader to supervise.

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SPECIAL DIETS COORDINATOR RESPONSIBILITIES

Each group must appoint a Special diets Coordinator from within your staff team (best if it is not the same person who is in charge of the whole group), who will take responsibility for:

- Ensuring that the special diets forms provided by Log Cabin Camp are filled out and returned to Camp at least 14 days prior to your group arriving

These forms are used to:

- Describe the special diets required. Use extra copies as necessary for extra campers.
- Indicate if allergy is life-threatening or not and if camper carries an EpiPen.
- Provide name and phone number of a parent/guardian for the catering supervisor to call if there are any queries in relation to the special diet.

SEVERE NUT ALLERGIES: Most common cereals, biscuits and chocolates all carry the warning “may contain traces of nuts”, generally most people are ok with foods that have this warning and eat them at home regularly, but there are some cases that are more severe. If this is the case for any of your campers, we ask that you list this in the comments section of their special diet form and provide the parents contact details so we can contact them and discuss their child's needs with them further.

Whilst on camp the Special diets Coordinator will be responsible for:

- Confirming upon arrival to Camp that the Special Diets Form we have received is correct, communicate with kitchen staff if there are any changes that need to be accommodated for.
- Introducing campers with special dietary needs to kitchen staff (often done at the first meal)
- Ensuring that all campers with dietary requirements or allergies know and understand that they are required to introduce themselves at each meal (second servings included) and inform kitchen staff of their allergy.
- Liaising with kitchen staff regarding campers with special dietary needs.
- Ensuring that each camper with special dietary needs receives the food especially prepared for them by our kitchen staff (all campers with special diets should be accounted for at each meal).
- Ensure campers with special diets are served **FIRST** at every meal time. This includes meals such as morning/afternoon teas & suppers.
- The Special Diets Coordinator must ensure that anybody with anaphylaxis carries their own EpiPen, or ensures it is **ALWAYS** with a teacher who is with that particular student.

Special diets meal procedure

Log Cabin Camp operates within the guidelines of ASCIA (Australasian Society of Clinical Immunology and Allergy). All kitchen staff have been trained on how to deal with special diets and allergies & our catering manager has been trained in specific anaphylaxis training.

In order to ensure that all allergies are catered for in the appropriate way, we require that all campers with ANY dietary requirement or allergy be served first at ALL meal times (this includes morning/afternoon teas & suppers).

Kitchen staff will ask each camper their name and allergy and refer to the list provided by the Special Diets Coordinator. Each camper will then either receive a meal that has been pre-prepared for them or be clearly instructed regarding the items on offer which will be suitable for them to eat.

The Special Diets Coordinator is required to be present and oversee this process to ensure that all campers inform kitchen staff of their dietary requirement or allergy & and that all campers with a dietary requirement or allergy have been accounted for.

With regards to morning/afternoon teas & suppers, it is the responsibility of the Special Diets Coordinator to be present and oversee the campers with special dietary requirement or allergies. Kitchen staff are not always able to monitor this area and therefore it is the Special Diets Coordinator's responsibility to make sure each camper gets provided with the correct food, which will be clearly labelled by kitchen staff.

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CATERING FORM - DIETARY REQUIREMENTS

Name of Group: _____

Name of camper: _____ **Child** **Adult**

Please tick all that apply

Intolerance or Mild allergy or Severe allergy Epipen

- | | | |
|--|--|--|
| <input type="checkbox"/> Peanut/Nut Allergy | <input type="checkbox"/> Egg Allergy | <input type="checkbox"/> Gluten/wheat Allergy |
| <input type="checkbox"/> Dairy Allergy | <input type="checkbox"/> Lactose Free | <input type="checkbox"/> Fructose Allergy |
| <input type="checkbox"/> Fish/Shellfish Allergy | <input type="checkbox"/> Soy Allergy | <input type="checkbox"/> Sesame Allergy |
| <input type="checkbox"/> Other (please specify below) | | |

If "Egg Allergy" has been ticked, is the camper able to have eggs cooked in cakes etc? YES NO

Or Food preference

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Halal |
| <input type="checkbox"/> No Red meat | <input type="checkbox"/> Other (please specify below) | |

Please specify details of complicated allergies/diets:

Parent/Guardian: _____ Contact Phone number: _____

Name of camper: _____ **Child** **Adult**

Please tick all that apply

Intolerance or Mild allergy or Severe allergy Epipen

- | | | |
|--|--|--|
| <input type="checkbox"/> Peanut/Nut Allergy | <input type="checkbox"/> Egg Allergy | <input type="checkbox"/> Gluten/wheat Allergy |
| <input type="checkbox"/> Dairy Allergy | <input type="checkbox"/> Lactose Free | <input type="checkbox"/> Fructose Allergy |
| <input type="checkbox"/> Fish/Shellfish Allergy | <input type="checkbox"/> Soy Allergy | <input type="checkbox"/> Sesame Allergy |
| <input type="checkbox"/> Other (please specify below) | | |

If "Egg Allergy" has been ticked, is the camper able to have eggs cooked in cakes etc? YES NO

Or Food preference

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Halal |
| <input type="checkbox"/> No Red meat | <input type="checkbox"/> Other (please specify below) | |

Please specify details of complicated allergies/diets:

Parent/Guardian: _____ Contact Phone number: _____