

GRANNY CAMP

Date

**FAVORITE FOODS
FOR**

Name

BREAKFAST

LUNCH

DINNER

DRINKS

VEGETABLES

FRUITS

SNACKS

**THINGS YOU LIKE BUT MOM WON'T LET
YOU HAVE**

FOOD ALLERGIES: _____

MEDICATIONS: (Send directions for use.) _____

Please fill out and return with Medical Release Form and Insurance
Information by _____ Thanks. Camp Director