

HINSDALE EAGLES ADVENTURER CLUB

Child's Name: _____

Daily Dietary Needs:

- ____ Vegan
- ____ Vegetarian
- ____ Dairy/Cheese/Meat
- ____ Other (explain)

Dietary Beverages:

- ____ Soy Milk
- ____ Almond Milk
- ____ Cow Milk
- ____ Water
- ____ Juice/Other _____

Food Allergies:

- ____ Milk
- ____ Egg
- ____ Nuts
- ____ Gluten
- ____ Other (please explain) _____

Food preferences: (picky eaters or to limit certain foods example - candy)

I _____ consent for my child's photo

Printed Parent Name

to be used on the Hinsdale Adventurer Facebook page, or like church media.

Parental Signature

Date