

SPECIAL DIETARY NEEDS FORM

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Name: _____

County: _____

Check One:

- | | | | |
|--------------------------|----------------------------------|--------------------------|---|
| <input type="checkbox"/> | Camper (5-13 years old) | <input type="checkbox"/> | Counselor –in-Training |
| <input type="checkbox"/> | Teen Counselor (14-18 years old) | <input type="checkbox"/> | Adult volunteer or
Extension faculty/staff |

In the space provided below, please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space below, indicate and **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered: