

Please RETURN with HEALTH FORM

Dietary Needs, Restrictions, and Preferences Form

Participant Name:

Session Date:

TO PARTICIPANT/PARENT(S)/GUARDIAN(S)/CARE PROVIDER(S):

*Please fill out the form below detailing your dietary needs during your stay at camp.

*Please make sure that you are through and fill out the form in its entirety so we can be sure that your camper's dietary needs are fulfilled.

*If needed you may attach additional information to this form.

*Please bring your own adaptive equipment if needed.

Type of Diet:

- Regular diet Vegetarian Diet Lactose Intolerant Gluten Intolerant
 G.E.R.D Vegan Diabetic Low Sugar Low Protein
 Renal Other: _____

Allergies:

- Cow's Milk Eggs Tree Nuts Peanuts Shellfish Wheat Soy
 Fish Other: _____

Please list any additional food allergies:

Food Needs to Be:

- Chopped Pureed

Please List Food Your Camper Dislikes:

Additional Information Regarding Diet:

