



# Dietary Restrictions Form

## Group Information

County Name PERRY (June 22-25)

## Camper Information

Camper  
Name \_\_\_\_\_

Parent  
Name \_\_\_\_\_

Phone  
Number \_\_\_\_\_

## Dietary Restriction

Type of Allergy \_\_\_\_\_

Type of  
Food  
Avoidance \_\_\_\_\_

Lactose  
Intolerant \_\_\_\_\_

Diabetic \_\_\_\_\_

Vegetarian \_\_\_\_\_

If your child has a dairy intolerance, are they able to have cooked dairy? YES/NO

There are some accommodations we are unable to fulfill, please contact your visiting camp director to set up arrangements to discuss your child's needs with camp staff. Please make sure that your child has food to replace the meals that they are unable to eat while at camp.

If your child is a picky eater, they will need to have supplemental food sent with the camper.

**If your child has dietary restrictions, please make sure that you fill the form out and return to your 4-H Educator **NO LATER THAN JUNE 8<sup>th</sup>**!** We will not be able to provide any special dietary meals to your child without the form.