

# Holiday Lake 4-H Educational Center Special Dietary Needs Form

Please complete this form and **return it to your County 4-H Extension Office** for any child, teen, or adult who has specific dietary needs while at camp.

*Note to Extension Office Personnel: Holiday Lake 4-H Center should receive this form at least 2 weeks prior to camping event.*

**Name:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ Camper

\_\_\_\_\_ Teen

\_\_\_\_\_ Adult

Please list any food allergies this person has and what if any precautions may be necessary at the 4-H center:

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Please indicate any food restrictions (non-allergy) this person has (i.e. vegetarian, vegan, etc.) and substitutes the 4-H center may use (if applicable):

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