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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________________________________________________________________________
________________________________________________________________________
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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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________________________________________________________________________
________________________________________________________________________
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