

Dietary Restrictions, Needs, and Preferences Form

Participant's Name: _____

Troop # _____ Campsite: _____ Camp Week: _____



Please list in detail all dietary restrictions, food allergies, nutritional needs, or preferences (vegetarian, vegan, religious preferences, etc).

Any special food needed? _____

Any special times special food needed? _____

Please use the back of this page to add further details if desired.

Participants Signature: _____

Parent/Guardian Signature: _____

(For those under 18)

Parent's Phone # _____

Please submit this form **10 DAYS** prior to check -in. Please make sure leaders at camp are aware of these needs. Camp Decorah makes a diligent effort to accommodate every scenario, but cannot be held responsible if this form is not on file.