**Special Dietary Needs Form**

*INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.*

*Please complete this form and return it directly to your 4-H agent no less than 2 weeks prior to your 4-H camp. Your 4-H agent will send the form to the appropriate 4-H center.*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT (County/City): AMHERST COUNTY

**CHECK ONE:**

* Camper (5 through 13 years old)
* Counselor-in-training (13 through 14 years old)
* Teen counselor (14 through 18 years old)
* Adult volunteer or Extension faculty/staff

In the space below, please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered: