



Food Allergies/Restrictions Form

Name of Participant _____

To help ensure any special dietary needs/restrictions are considered during our program, please check the statements and answer the questions below:

I have NO food restrictions/allergies/or special considerations.

IF YOU CHECK THE ABOVE BLOCK STOP HERE.

I eat the following kinds of meat. (Check all that apply)

Beef Pork Chicken/Poultry Fish (Tuna)

I am a vegetarian. (No meat of any kind- beef, pork, poultry, fish.)

I am a vegan. (No animal products of any kind.)

Other. Please Explain: _____

Additional information:

I am lactose intolerant. (Can't have dairy)

I am gluten- free.

I have food allergies.

List Food Allergies Below (Examples: Nuts, Strawberries, etc):

How severe is your reaction to any of the foods listed above? Do you experience mild irritation or an extreme allergic reaction (anaphylaxis)?

Other information about your food preferences that you want to share?
