

# Worth Ranch Summer Camp

## Dietary Need Information Form

*The purpose of this form is to detail any needs and the extent of services we will need to prepare for any food related issues that any participant or attendee might need us to be aware of during their time at Worth Ranch. There are options on this form to fill out in specific detail, these are listed to help us get the right information for anything complex that needs more clarity and attention. If your need is more straightforward and you do not feel the need to add the extra details, you are welcome to leave them blank. However, if you have a severe, medical, or life threatening need, we would like as many details as possible to allow us time to prepare and plan prior to your arrival! Thank you for taking the time to fill this out.*

Name of Person (Request made for) *[First and Last]*: \_\_\_\_\_

Dates Attending Camp: \_\_\_\_\_

Unit Number & Council: \_\_\_\_\_

Unit Leader Making Request: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Parent/Guardian Name (if request made for youth): \_\_\_\_\_

Parent/Guardian Contact: \_\_\_\_\_

Please Specify Dietary Need: \_\_\_\_\_

Please Clarify the Severity & Type of the Need: Allergy Intolerance Medical Preference needs  
Other/More: \_\_\_\_\_

Please list and detail any foods to avoid for this need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list and detail any preferred foods as substitutes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_