Food Allergy, Intolerance, or Dietary Concern Form

Program Name: _____

Program Date(s): _____

Participant Name: _____

Parent/Legal Guardian:

Name: _____

Phone: _____

Email: _____

Does the Participant have any dietary restrictions due to a food allergy or intolerance?

Food allergy:

- ☐ Dairy
- ☐ Soy
- ☐ Eggs
- ☐ Peanuts
- ☐ Tree nuts
- ☐ Fish
- ☐ Shellfish
- ☐ Wheat (celiac disease or gluten sensitivity are below)
- ☐ Other Please list:

Food intolerance:

- ☐ Gluten (celiac disease or gluten sensitivity)
- ☐ Lactose
- ☐ Other Please list:

Other dietary concern (please explain):