

Special Dietary Needs Permission Form for Outings

Participant Information

Full Name

Age

Group/Class

Outing Details

Date of Outing

Location

Special Dietary Needs

Please describe any dietary restrictions or special needs:

List any allergies (food or otherwise):

Other Important Information:

Emergency Contact

Contact Name

Phone Number

Permission & Signature

I hereby authorize the supervising staff to make arrangements in accordance with the information provided above regarding my child's dietary needs during outings.

Parent/Guardian Signature

Date

Print Name