

Group Travel Meal Planning and Allergy List

Fill out this sheet prior to departure. Print this page and keep a physical copy in the kitchen or food prep area during the trip.

1. Trip Details

Trip Name / Destination:	e.g., Lake Tahoe Cabin
Travel Dates:	e.g., July 14 - July 18
Trip Coordinator:	Name and Phone
Total Number of Travelers:	e.g., 12

2. Critical Allergies & Dietary Restrictions

List all participants with food allergies, intolerances (e.g., gluten-free, lactose intolerant), or lifestyle diets (e.g., vegetarian, vegan).

Traveler Name	Allergens / Dietary Restrictions	Severity (Mild, Severe, Anaphylactic)	Cross-Contamination Concerns / Safe Substitutes
Traveler Name	e.g., Peanuts, Shellfish	e.g., Severe (carry EpiPen)	e.g., Avoid shared cutting boards
Traveler Name	e.g., Gluten (Celiac)	e.g., Severe	e.g., Certified gluten-free products only
Traveler Name	e.g., Dairy	e.g., Mild (Intolerant)	e.g., Use oat milk or olive oil
Traveler Name	e.g., Vegetarian	e.g., Preference	e.g., Keep meat dishes separate
Traveler Name	e.g., Tree nuts	e.g., Anaphylactic	e.g., No nuts in kitchen at all

3. Meal Schedule & Duty Roster

Plan meals that accommodate the restrictions listed above. Assign prep and cleanup duties to group members.

Day / Date	Meal	Planned Menu & Safe Alternatives	Prep & Clean-up Crew Assigned
Day 1	Breakfast	Menu	Names
	Lunch	Menu	Names
	Dinner	Menu	Names
Day 2	Breakfast	Menu	Names
	Lunch	Menu	Names
	Dinner	Menu	Names
Day 3	Breakfast	Menu	Names
	Lunch	Menu	Names
	Dinner	Menu	Names

4. Emergency Contacts & Medical Info

Nearest Hospital Name:	Hospital Name
Hospital Address:	Street Address, City

Hospital Phone Number:	Phone Number
Location of First Aid Kit & EpiPens:	e.g., Green bin in pantry / Kitchen counter

5. Additional Notes

Enter any extra storage instructions, grocery shopping details, or safety reminders here.