

Tour Participant Dietary Requirements Questionnaire

Please complete this questionnaire to help us accommodate your dietary needs during the upcoming tour. This document is formatted for printing and manual completion, or digital text entry.

1. Participant & Tour Details

Full Name:

Tour Name / Code:

Departure Date:

Email Address:

Emergency Contact Phone:

2. General Dietary Requirements

Please type "Yes" next to any of the following dietary lifestyles that apply to you, and provide details if necessary:

Vegetarian: Details:

Vegan: Details:

Gluten-Free: Details:

Dairy-Free: Details:

Halal: Details:

Kosher: Details:

3. Food Allergies & Intolerances

Please list any specific food allergies or intolerances (e.g., peanuts, shellfish, soy, wheat) and rate the severity (Mild, Moderate, or Severe/Anaphylactic).

Allergen / Food Item	Severity Level	Reaction / Symptoms
e.g., Peanuts	e.g., Severe	e.g., Hives, breathing difficulty
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Medical Information

If you have severe allergies, please complete this section:

Do you carry an EpiPen or other emergency medication?

Are you able to self-administer this medication?

5. Other Requirements or Comments

Please state any other dietary preferences, restrictions, or medical conditions we should be aware of (e.g., diabetic, low-sodium, specific foods you cannot eat):

Participant Signature: _____ Date:

