

Adventure Tour Dietary Restrictions Template

Please print and complete this form before the tour departure date. This information ensures our guides and wilderness cooks can prepare safe, suitable meals for your adventure.

1. Tour Details

Tour Name / Route:

Departure Date:

Group Name / Guide Name:

2. Participant Information

Full Name:

Age:

Emergency Contact Name & Phone:

3. Dietary Requirements & Preferences

Please specify if you follow any of the following diets (e.g., Vegetarian, Vegan, Halal, Kosher, Gluten-Free, Lactose-Free, etc.):

Dietary Lifestyle / Category:

Disliked Foods / Ingredients to Avoid (Non-allergic preferences):

4. Severe Food Allergies & Intolerances

Please list any diagnosed food allergies and details regarding severity and reactions.

Allergy 1 (e.g., Peanuts, Shellfish):

Reaction Severity (Mild, Moderate, Severe Anaphylaxis):

Required Treatment (e.g., Antihistamine, EpiPen):

Allergy 2:

Reaction Severity:

Required Treatment:

5. Medical & Emergency Equipment

Do you carry an EpiPen / Auto-Injector? (Yes / No):

If yes, where is it kept in your pack during hikes/activities?:

Other medical notes related to food/digestion:

6. Declaration & Verification

By signing below, I verify that the information provided is accurate and complete to ensure my safety during the adventure tour.

Participant Signature (Sign in printout):

Date: