



Food Allergy Intolerance Form including Religious

MUST BE TURNED IN TO HEALTH LODGE UPON ARRIVAL AT CAMP

Food Allergies and Intolerances Form For Scout Camping Events This form helps our camp staff plan meals and ensure a safe environment for Scouts with food allergies or intolerances. Please complete one form per Scout.

Participant Information Scout's Name: _____

Troop/Pack/Crew/Ship #: _____ | Council/District: _____

Camp Date(s): _____ | Location: _____

Parent/Guardian Name: _____ Phone (Primary): _____ |

Phone (Alt): _____ Email: _____

Emergency Contact (if different): _____ | Phone: _____

Allergy / Intolerance Information Type of Concern (Check all that apply):

☐ Food Allergy ☐ Food Intolerance/Sensitivity ☐ Celiac/Gluten-Free ☐ Other: _____

List ALL Food Allergies/Intolerances: _____

Allergen or Food Type Severity Reaction Carries EpiPen?

☐ Yes ☐ No ☐ N/A If Yes, location: _____

Dietary Accommodations Needed: _____

Cross-Contact Precautions: _____

Other Notes (Optional): _____

Parent/Guardian Acknowledgment: I certify that the above information is accurate. I understand that camp staff will do their best to accommodate my child's dietary needs but cannot guarantee an allergen-free environment.

Signature: _____ Date: _____